Centene Managed Health Services Community Health IN Prior Auth Statistics for Auths with Initial Final Determination effective 07/01/2025

Data pulled as of 12/29/2025

Health Plan Desc	Health Care Provider Specialty	Medication or Diagnostic Test or Procedure	Indication Offered	Reason For Denial	If a Decision was Appealed	If a Decision was Approved or Denied on Appeal.	The Time Between Submission and the Response	Auth Count
27812 Managed Health Services Community Health Plan N/A to Evolent	Advanced Practice Registered Nurse	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Eligibility Withdrawn	NA	NA	8 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Cardiology	CTA Coronary Arteries	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Cardiology	Heart PET Scan with CT for Attenuation	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Cardiology	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	2
27812 Managed Health Services Community Health Plan N/A to Evolent	Cardiology	Transthoracic Echocardiogram	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	2
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Abdomen and Pelvis CT Angiography	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Abdomen and Pelvis CT Angiography	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Chest CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Chest CT Angiography	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Leg CT (left)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Shoulder MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Transthoracic Echocardiogram	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	General/Family Practice	Wrist MRI (right)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Infectious Diseases	Chest CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Internal Medicine	Chest CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Internal Medicine	Knee MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Neurological Surgery	Thoracic Spine MRI	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Neurology	Brain CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Ophthalmology	Orbits MRI	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Orthopedics	Lumbar Spine MRI	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Other	Brain CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	2
27812 Managed Health Services Community Health Plan N/A to Evolent	Other	Myocardial Perfusion Imaging	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Other	Stress Echocardiogram	Admin Denial	Eligibility Withdrawn	NA	NA	1 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Other	Thorax CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Other	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	OTHER O/P DIAG TESTING	Abdomen MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	OTHER O/P DIAG TESTING	Abdomen MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	OTHER O/P DIAG TESTING	Breast MRI (Single or Bilateral)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Pediatrics	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	15 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Physical Medicine	Therapy-OT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	0 days	2
27812 Managed Health Services Community Health Plan N/A to Evolent	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	3
27812 Managed Health Services Community Health Plan N/A to Evolent	Podiatry	Foot MRI (left)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Pulmonary Medicine	PET Scan with CT for Attenuation	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Rheumatology	Pelvis MRI	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Surgery	Abdomen MRI	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Surgery	Breast MRI (Single or Bilateral)	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Surgery	Pelvis MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Surgical Oncology	Chest CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Thoracic Surgery	Thorax CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Unknown	Chest CT	Admin Denial	Eligibility Withdrawn	NA	NA	1 days	1
27812 Managed Health Services Community Health Plan N/A to Evolent	Urology	Abdomen and Pelvis CT	Admin Denial	Eligibility Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Allergy & Immunology	Chest CT	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Allergy & Immunology	Follow-up, Limited, or Localized CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Allergy & Immunology	Follow-up, Limited, or Localized CT	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Allergy & Immunology	Sinus CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Allergy & Immunology	Sinus CT	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Allergy & Immunology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Anesthesiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Brain CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Chest CT Angiography	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Chest MRA	Clinical Denial	Your doctor's request for a(n) Chest MRA has been denied. • MCG Ambulatory Care Guideline A-0035 for Chest MR Angiograph	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Chest MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Chest MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Heart CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	747
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Dermatology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Dermatology	Chest MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Dermatology	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Dermatology	Neck MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Ankle CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Ankle CT (left)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Ankle CT (right)	Clinical Denial	Your doctor's request for a(n) Ankle CT (right) has been denied. • MCG Ambulatory Care Guideline A-0014 for Ankle CT Scan wa	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Ankle MRA (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRA (right) has been denied. • MCG Ambulatory Care Guideline A-0037 for Lower Extremit	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Fax reviewed OV 7/3/25- note says PNES and plan was to order vEEG- no results provided No mention of concern for epileptic s	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Elbow MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Elbow MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Face CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Foot CT (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Foot MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Foot MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	0 days	16
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	0 days	16
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Leg CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Pelvis CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Temporal Bone CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Temporal Bone CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Therapy-ST	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	0 days	27
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Doctors and Rehabilitation	Wrist CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Emergency Medicine	Brain CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Emergency Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Emergency Medicine	Knee MRI (left)	Admin Denial	Void	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Emergency Medicine	Knee MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Brain CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Brain CT	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Cervical Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Pelvis MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Pelvis MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gastroenterology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	18
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Ankle MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Ankle MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	0 days	13
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Fax reviewed HA's for 7 mos. no acute deficits on exam. no first degree family hx of aneurysm. deny. no C/I to MRI	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRA	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	34
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Cervical Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Chest CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Face CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Join	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Hand MRI (left)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	17
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	15
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Leg CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Neck CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Neck MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Pelvis MRI	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Pelvis MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Thoracic Spine CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	108
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Wrist MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	General/Family Practice	Wrist MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Geriatrics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Geriatrics	Abdomen MRI	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Gynecologic Oncology	Chest CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	9
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Brain CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Brain MRA	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	15
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	17
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Chest MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Face CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Humerus MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Leg CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Orbits MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Sinus CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	21
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Hematologist/Oncologist	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Infectious Diseases	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Infectious Diseases	Chest CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Infectious Diseases	Pelvis MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Abdomen MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Brain CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Knee MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Neck CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Neck CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	8
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Interventional Radiologists	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Medical Genetics	Brain MRA	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Medical Genetics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Medical Genetics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Medical Genetics	CT Bone Density Study	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Medical Genetics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Nephrology	Abdomen MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	17
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	0 days	8
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRA	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	60
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Functional MRI Brain	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Fax reviewed back pain. 2 PT notes. deny for lack of completed ACT. no deficits. deny	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Abdomen MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain CT	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain CT	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRA	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRA	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	126
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	23
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Brain PET Scan	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Orbits MRI	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Neurology	Upper Extremity Non Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Non Joint MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0046	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Occupational Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Occupational Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Occupational Medicine	Lumbar Spine MRI	Approval		NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Abdomen MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRA	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRA	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Chest MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Orbits MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Ophthalmology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Oral/Maxillofacial	Face CT	Approval		NA	NA	0 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Oral/Maxillofacial	Face MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Oral/Maxillofacial	Temporomandibular Joints MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Arm MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Arm MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Brain CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Carpal Joint MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	7

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Chest CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Elbow MRI (left)	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Elbow MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hand CT (Right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hand MRI (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hand MRI (left)	Clinical Denial	Your doctor's request for a(n) Hand MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0447 for Hand MRI was use	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hand MRI (left)	Clinical Denial	Your doctor's request for a(n) Hand MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0447 for Hand MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hand MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip CT (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	18
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	• We denied your doctor's request for a Knee Ligament Reconstruction/Repair (left) (Knee Surgery). It must be medically neede	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	19
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	• We denied your doctor's request for a Knee Ligament Reconstruction/Repair (right) (Knee Surgery). It must be medically need	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	Your doctor's request for a(n) Knee Ligament Reconstruction/Repair (right) has been denied. • MCG Inpatient & Surgical Care G	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Void	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	9
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	The requested Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) can't be approved at this time. • A surgeon ma	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • MCG Inpatie	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	57
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	82
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (left) has been denied. • MCG Ambulatory Care Guideline A-0506 for Osteo	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (left) has been denied. • MCG Ambulatory Care Guideline A-0506 for Osteo	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Knee Surgery – Other (right)	Clinical Denial	• We denied your doctor's request for a Knee Surgery – Other (right) (Knee Surgery). It must be medically needed in order to be	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Leg CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Leg CT (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lower Extremity MRI (left)	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Microdiscectomy	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	1 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Pelvis CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	PET Scan with CT for Attenuation	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	11
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	4 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Upper Extremity CT (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Upper Extremity CT (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity CT (left) has been denied. • MCG Ambulatory Care Guideline A-0017 for Elbow C	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Upper Extremity CT (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist CT (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (left)	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	24
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	1 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	4 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen CT Angiography	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Abdomen MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Ankle CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Ankle MRI (left)	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Ankle MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Arm CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Approval		NA	NA	0 days	18
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Approval		NA	NA	1 days	8
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Approval		NA	NA	6 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT Angiography	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT Angiography	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRA	Admin Denial	Void	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRA	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Void	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Void	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	79
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	8
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	0 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Elbow MRI (right)	Approval		NA	NA	0 days	2

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Elbow MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Face CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Foot CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Foot MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hand MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hand MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Heart CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Heart CT Congenital Studies	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Heart MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hip CT (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hip CT (left)	Clinical Denial	Your doctor's request for a(n) Hip CT (left) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hip MRI (left)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hip MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Hip MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	0 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (right)	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lower Extremity MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lower Extremity MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	11
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck CT	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck CT Angiography	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck MRA	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Orbits MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Pelvis CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Pelvis MRI	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Pelvis MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus CT	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus CT	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Sinus MRI	Clinical Denial	Your doctor's request for a(n) Sinus MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thorax CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Thorax MRI	Clinical Denial	Your doctor's request for a(n) Thorax MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	181
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Upper Extremity Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Joint MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for E	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Wrist MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Wrist MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Other	Wrist MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Void	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	10 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	11 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	12 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	7 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Therapy-PT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	12 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	14 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	OTHER O/P DIAG TESTING	Upper Extremity Joint MRI (right)	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Face MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Internal Auditory Canal CT	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit a	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Orbits CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	29
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Scı	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Scı	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Scı	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Scı	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	0 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Otolaryngology	Temporal Bone CT	Clinical Denial	Your doctor's request for a(n) Temporal Bone CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear (	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Abdomen MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Abdomen MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Brain PET Scan	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Cervical Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Chest CT	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Face MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Lower Extremity MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Neck MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Orbits MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Hematology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Chest CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Chest CT	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Chest CT	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Face MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Neck CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	PET Scan	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatric Oncology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Arm MRI (right)	Admin Denial	Admin Closure	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Arm MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain CT	Approval		NA	NA	0 days	14
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain CT	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain CT	Approval		NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	49
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Cervical Spine MRI	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Cervical Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Chest CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Chest CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Face CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Foot MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Knee MRI (left)	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Knee MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Knee MRI (right)	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Knee MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Knee MRI (right)	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Leg CT (left)	Clinical Denial	Your doctor's request for a(n) Leg CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT S	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Leg CT (right)	Clinical Denial	Your doctor's request for a(n) Leg CT (right) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	0 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Neck CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Neck MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Neck MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Orbits MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Pelvis MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Sinus CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Thoracic Spine MRI	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Thorax CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pediatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	234
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Abdomen CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Ankle MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Brain CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	8
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Elbow MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Elbow MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Hand CT (Right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Hand MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Hip MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Hip MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee MRI (left)	Approval		NA	NA	0 days	9
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee MRI (left)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee MRI (right)	Approval		NA	NA	0 days	9
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Leg CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Pelvis CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Pelvis MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	1 days	12
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	4 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	0 days	753
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	1 days	297
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	17 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	2 days	18

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	3 days	59
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	4 days	15
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	5 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	6 days	11
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	7 days	15
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	8 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	9 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	10 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	8 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	8 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	1 days	23
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	5 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	9 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	1 days	18
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	2 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	0 days	1404
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	1 days	234
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	13 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	2 days	19
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	3 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	4 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	5 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	6 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	7 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	8 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	1 days	26
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	3 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenco	NA	NA	3 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
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27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	1 days	43
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	3 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	7
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	6 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Wrist CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Physical Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Brain CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Chest CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Hand MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Neck CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Sinus CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Temporal Bone CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Wrist CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Plastic Surgery	Wrist MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle CT (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRA (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRA (right) has been denied. • MCG Ambulatory Care Guideline A-0037 for Lower Extremity	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	1 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Approval		NA	NA	0 days	9
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	6 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot CT (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot CT (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Join	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Join	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Podiatry	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Psychiatry	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Psychiatry	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Psychiatry	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Psychiatry	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	1 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Chest CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Follow-up, Limited, or Localized CT	Clinical Denial	Your doctor's request for a(n) Follow-up, Limited, or Localized CT has been denied. • Evolent Clinical Guideline 009 for Sinus Mu	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Sinus CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Thorax CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	10
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Radiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rehabilitations	Therapy-ST	Approval		NA	NA	5 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rehabilitations	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	8 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Foot MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Lower Extremity MRI (left)	Approval		NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Lower Extremity MRI (right)	Approval		NA	NA	7 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine M	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	8 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Pelvis MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Temporomandibular Joints MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	8 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Ankle CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Ankle MRI (left)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Arm CT (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Elbow MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Foot MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Hip MRI (left)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Hip MRI (right)	Approval		NA	NA	0 days	1

27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Hip MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Knee MRI (left)	Approval		NA	NA	0 days	8
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Knee MRI (right)	Approval		NA	NA	0 days	9
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Upper Extremity CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Wrist MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Wrist MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Sports Medicine	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Abdomen CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Abdomen CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Abdomen MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Brain MRA	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Chest CT	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Chest CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Hand MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Heart MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Knee MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Lumbar Spine CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Pelvis CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Thoracic Spine CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Surgical Oncology	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Thoracic Surgery	Knee MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Ankle CT (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain CT Angiography	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Chest CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Elbow MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Face CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Face MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Hand MRI (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Hip MRI (left)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Hip MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Hip MRI (right)	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	Your doctor's request for a(n) Knee Ligament Reconstruction/Repair (left) has been denied. • MCG Inpatient & Surgical Care Gu	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee MRI (left)	Approval		NA	NA	0 days	4
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee MRI (left)	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee MRI (left)	Clinical Denial	• We denied your doctor's request for a Knee MRI (left) (Magnetic Resonance Imaging – pictures of inside your knee). It must be	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee MRI (right)	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Lower Extremity MRI (left)	Clinical Denial	• We denied your doctor's request for a Lower Extremity MRI (left) (Magnetic Resonance Imaging – pictures of inside your leg). It	NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Lumbar Spine CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Mastoid CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Neck CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Neck CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Sinus CT	Approval		NA	NA	0 days	3
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Temporomandibular Joints MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Thorax CT	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	78
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Unknown	Wrist CT (right)	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Admin Denial	Admin Closure	NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Vascular Surgery	Shoulder Rotator Cuff Repair (left)	Admin Denial	Void	NA	NA	3 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Vascular Surgery	Shoulder Surgery Other (right)	Clinical Denial	• We denied your doctor's request for a Shoulder Surgery Other (right) (Shoulder Surgery). It must be medically needed in orde	NA	NA	1 days	1
27815 Managed Health Services Community Health Plan IN Medicaid TANF - HMO FI	Vascular Surgery	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Brain CT	Approval		NA	NA	0 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Brain CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Chest CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Knee MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Neck CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Allergy & Immunology	Chest CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Allergy & Immunology	Sinus CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Admin Denial	Void	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	17
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Knee MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	0 days	21
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	42
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	19
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	39
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	27
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Pelvis MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacroilia	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	0 days	18
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Indiana Health Covera	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Anesthesiology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiac Surgery	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiac Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiac Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT An	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Chest CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Chest CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Chest CT Angiography	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac C	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-00	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Knee MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Void	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	38
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Clinical Denial	• We denied your doctor's request for a Stress Echocardiogram (pictures of inside your heart). It must be medically needed in o	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	91
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	22
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	6

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	4 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0079 for M	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0078 for M	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Chiropractic Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Colon & Rectal Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	0 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Brain CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	0 days	4

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	6 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Chest CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Elbow MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Hand MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-00!	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Hip CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Hip CT (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Knee CT (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Neck CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Neck MRA	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Pelvis MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Shoulder MRI (right)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Shoulder MRI (right)	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Stress Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Doctors and Rehabilitation	Wrist MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Emergency Medicine	Elbow MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Emergency Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Emergency Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	10
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Chest CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Pelvis MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Thorax CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gastroenterology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	16
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen and Pelvis CT Angiography	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Ankle MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	16
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Breast MRI (Single or Bilateral)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Approval		NA	NA	0 days	23
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Approval		NA	NA	1 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT Angiography	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	CT Bone Density Study	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Elbow MRI (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Face CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Follow-up, Limited, or Localized CT	Clinical Denial	Your doctor's request for a(n) Follow-up, Limited, or Localized CT has been denied. • Evolent Clinical Guideline 009 for Sinus Mu	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Foot CT (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Foot MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Foot MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (right)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (right)	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	28
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lower Extremity CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lower Extremity CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Neck CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Pelvis MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder CT (left)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (left) has been denied. • MCG Ambulatory Care Guideline A-0437 for Arthrography, (	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MI	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Temporal Bone CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Thorax CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	13
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Wrist MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	General/Family Practice	Wrist MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Geriatrics	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	Chest CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Gynecologic Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	91
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	1 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Brain CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Brain CT	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	16
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	102
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Approval		NA	NA	1 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Face CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Hip MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Lower Extremity MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Lumbar Spine CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Lumbar Spine CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	11
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Orbits MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Pelvis CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	29
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Sinus CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Stress Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Transesophageal Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	31
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Infectious Diseases	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Infectious Diseases	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Infectious Diseases	Cervical Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Infectious Diseases	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Infectious Diseases	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	11
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Abdomen MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT	Approval		NA	NA	0 days	18
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT Angiography	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Hand MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	13
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Neck CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Neck CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Pelvis MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Sinus CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Thorax CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Thorax CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Thorax MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	16
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Internal Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Interventional Radiologists	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Interventional Radiologists	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Nephrology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Nephrology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Nephrology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain CT	Approval		NA	NA	6 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for L	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Microdiscectomy	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Thoracic Spine CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Thoracic Spine CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Abdomen MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT Angiography	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT Angiography	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRA	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRA	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	64
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	12
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	14
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Chest CT Angiography	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	CT Bone Density Study	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Functional MRI Brain	Clinical Denial	Your doctor's request for a(n) Functional MRI Brain has been denied. • MCG Ambulatory Care Guideline A-0539 for Brain Functi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Neck CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Neck CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Neck MRA	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Neck MRA	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	8 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Chest CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Fetal MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Pelvis MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Pelvis MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Pelvis MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Ankle CT (left)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Ankle CT (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Ankle MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Ankle MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Ankle MRI (right)	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Arm CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Carpal Joint MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • MCG Inpa	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • MCG Inpa	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	The requested Cervical Posterior Decompression with Fusion – Multiple Levels can't be approved at this time. • A surgeon made	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Posterior Decompression without Fusion	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Approval		NA	NA	1 days	9
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Foot CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Foot MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hand MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hand MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip CT (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip CT (right)	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip Surgery – Other (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Hip Surgery – Other (right)	Admin Denial	Void	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee CT (left)	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (left) can't be approved at this time. • A surgeon made this decision base	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	The requested Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) can't be approved at this time. • A surgeon ma	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • MCG Inpatie	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	18
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (left)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	13
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (right)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Leg CT (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Leg CT (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lower Extremity MRI (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Decompression	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for L	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for L	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine CT	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine M	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine M	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	10
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	1 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Pelvis MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Pelvis MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Revision Knee Arthroplasty (left)	Admin Denial	Void	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Revision Shoulder Arthroplasty (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Revision/Conversion Hip Arthroplasty (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder CT (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Labral Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Labral Repair (left)	Admin Denial	Void	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	• We denied your doctor's request for a Shoulder Labral Repair (left) (Shoulder Surgery). It must be medically needed in order t	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (left)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	14
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	11
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	6 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MF	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	• We denied your doctor's request for a Shoulder Rotator Cuff Repair (left) (Shoulder Surgery). It must be medically needed in c	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	• We denied your doctor's request for a Shoulder Rotator Cuff Repair (right) (Shoulder Surgery). It must be medically needed in	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline :	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Surgery Other (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	The requested Shoulder Surgery Other (right) can't be approved at this time. • A surgeon made this decision based on a review	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • MCG Inpatient & Surgical Care Guide	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • MCG Inpatient & Surgical Care Guid	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • MCG Inpatient & Surgical Care Guideline	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Unlisted MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Upper Extremity CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Upper Extremity CT (right)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Upper Extremity Joint MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Upper Extremity Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Joint MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for I	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Wrist CT (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Wrist MRI (left)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	34
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Approval		NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen MRI	Admin Denial	Void	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Abdomen MRI	Approval		NA	NA	0 days	11
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	2

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT Angiography	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRA	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	34
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine CT	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Approval		NA	NA	0 days	41
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Approval		NA	NA	1 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT Angiography	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Chest CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	CTA Coronary Arteries	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Elbow MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Elbow MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Foot CT (left)	Clinical Denial	Your doctor's request for a(n) Foot CT (left) has been denied. • MCG Ambulatory Care Guideline A-0019 for Foot and Foot Joints	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Foot MRI (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Foot MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Foot MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Heart MRI	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Hip MRI (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Hip MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Hip MRI (right)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Internal Auditory Canal CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (right)	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	54
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lower Extremity CT (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	22
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Approval		NA	NA	1 days	13
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Approval		NA	NA	3 days	3

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • MCG Ambulatory C	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • MCG Ambulatory C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Neck CT	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Pelvis MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Pelvis MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder MRI (left)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Sinus CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Stress Echocardiogram	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thorax CT	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Thorax CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	35
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Approval		NA	NA	1 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Approval		NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	10 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Wrist MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was use	NA	NA	1 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Other	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	13 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Brain MRA	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Face CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Mastoid CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck CT	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck CT	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck MRA	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Neck MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Orbits CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	18
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Sinus CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Sinus CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Temporal Bone CT	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Otolaryngology	Unlisted CT	Clinical Denial	Your doctor's request for a(n) Unlisted CT has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to mak	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pathology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pathology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatric Hematology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatric Hematology	Face MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatric Hematology	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatric Hematology	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatric Hematology	Orbits MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatrics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatrics	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatrics	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pediatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Chest CT	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Chest CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Foot CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Knee MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Knee MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine M	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	11
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Neck CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Sacroiliac Joint Injection	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Shoulder MRI (left)	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Shoulder Surgery Other (left)	Admin Denial	Void	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Shoulder Surgery Other (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Approval		NA	NA	0 days	107
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Approval		NA	NA	1 days	13
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Approval		NA	NA	15 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Approval		NA	NA	2 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	10 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	21 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	1 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	0 days	523
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	1 days	99
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	10 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	2 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	3 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	4 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	5 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	6 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Approval		NA	NA	9 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	1 days	22
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	2 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Approval		NA	NA	0 days	19
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Approval		NA	NA	1 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Thorax CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Plastic Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle CT (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle MRI (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle MRI (right)	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot CT (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (left)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (left)	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Lower Extremity CT (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower E	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Podiatry	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Preventitive Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Preventitive Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Preventitive Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Preventitive Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for I	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Psychiatry	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Psychiatry	Cervical Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	44
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Approval		NA	NA	1 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Fax reviewed for COPD on PFT> notes mention f/u screening for smoking. no report of approved 6/25 request chest CT. deny	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Chest CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	30
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Neck CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	PET Scan	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	PET Scan	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Thorax CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Thorax CT	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Thorax CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Thorax CT	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	20
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Chest CT	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Neck CT	Approval		NA	NA	0 days	3

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiation Oncology	Thorax CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Fetal MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Sinus CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Radiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rehabilitations	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Foot MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Hand MRI (left)	Clinical Denial	Your doctor's request for a(n) Hand MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0447 for Hand MRI was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Hand MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Knee MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Shoulder MRI (left)	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Rheumatology	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Foot MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Foot MRI (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Knee MRI (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Knee MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	14
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	3 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen CT	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdomen MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Brain CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Chest CT Angiography	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Elbow MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Neck CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Pelvis MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgical Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgical Oncology	Abdomen CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgical Oncology	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgical Oncology	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Surgical Oncology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Cervical Spine MRI	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Chest CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Knee MRI (right)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Thoracic Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen CT	Approval		NA	NA	7 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Ankle CT (left)	Clinical Denial	Your doctor's request for a(n) Ankle CT (left) has been denied. • MCG Ambulatory Care Guideline A-0014 for Ankle CT Scan was	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Ankle CT (right)	Clinical Denial	Your doctor's request for a(n) Ankle CT (right) has been denied. • MCG Ambulatory Care Guideline A-0014 for Ankle CT Scan wa	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Ankle MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Ankle MRI (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain MRA	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	21 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical Spine MRI	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT	Approval		NA	NA	0 days	10
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Chest CT Angiography	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Foot CT (right)	Clinical Denial	Your doctor's request for a(n) Foot CT (right) has been denied. • MCG Ambulatory Care Guideline A-0019 for Foot and Foot Joint	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Foot MRI (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Hip MRI (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Leg CT (left)	Clinical Denial	Your doctor's request for a(n) Leg CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT S	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	7
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Decompression	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for L	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	10
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	5 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	6
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	8
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Neck CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Neck CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Neck CT Angiography	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Pelvis MRI	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Pelvis MRI	Approval		NA	NA	6 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	PET Scan	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Revision/Conversion Hip Arthroplasty (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Shoulder CT (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Shoulder MRI (left)	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Sinus CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Stress Echocardiogram	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Thorax CT	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Thorax CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Unknown	Wrist CT (left)	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	16
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen CT	Approval		NA	NA	0 days	1

27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen CT	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Abdomen MRI	Approval		NA	NA	0 days	4
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Pelvis CT	Approval		NA	NA	0 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Pelvis MRI	Approval		NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	3
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Vascular Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Vascular Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Vascular Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Vascular Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27816 Managed Health Services Community Health Plan IN Medicaid SSI Non Dual - HMO I	Vascular Surgery	Upper Extremity CT Angiography (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Allergy & Immunology	Chest CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Allergy & Immunology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Brain MRA	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Heart CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	203
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT An	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Foot CT (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Heart CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Heart MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Temporal Bone CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	0 days	6
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Doctors and Rehabilitation	Wrist MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Closure	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Endocrinology	Chest CT Angiography	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Gastroenterology	Pelvis MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	19 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	28 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Elbow MRI (left)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Face CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Foot MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Neck CT	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	7
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	General/Family Practice	Wrist MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	6
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Arm MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Brain CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Brain MRA	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	10
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Cervical Spine CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	2 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Hand MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Hand MRI (left)	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Heart MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Hip MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	7
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Neck MRA	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	9
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Hand MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Abdomen MRA	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Brain CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Brain MRA	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Medical Genetics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	6
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	1 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	24
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRA	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	30
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	10
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Brain PET Scan	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	MRS	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Nuclear Medicine	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Nuclear Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Nuclear Medicine	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Nuclear Medicine	Orbits MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Ophthalmology	Sella CT	Clinical Denial	Your doctor's request for a(n) Sella CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Oral/Maxillofacial	Face CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Hand MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Hip CT (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Void	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	6
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	9
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Approval		NA	NA	1 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	0 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Upper Extremity CT (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	6
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Ankle CT (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRA	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	22
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	0 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Chest CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Chest CT	Approval		NA	NA	1 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Chest MRA	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Chest MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Elbow MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Hand MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Heart MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Heart MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Hip MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lower Extremity MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Neck CT Angiography	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Neck MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Sinus CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	28
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Upper Extremity Joint MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Other	Upper Extremity Joint MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Otolaryngology	Face CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Otolaryngology	Orbits CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Abdomen MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Brain PET Scan	Clinical Denial	Your doctor's request for a(n) Brain PET Scan has been denied. • MCG Ambulatory Care Guideline A-0096 for Brain Positron Em	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Cervical Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Heart MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Hematology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Cervical Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Cervical Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Chest CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Orbits MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Pelvis MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatric Oncology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Brain CT	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	13
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Chest CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Chest CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Chest MRA	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Foot MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Heart CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Heart MRI	Approval		NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Leg CT (left)	Approval		NA	NA	28 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Leg CT (right)	Approval		NA	NA	28 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Neck CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Pediatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	43
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Chest CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Foot MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	1 days	10
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	0 days	275
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	1 days	206
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	10 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	2 days	20
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	3 days	38
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	4 days	11
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	5 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	6 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	7 days	12
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	8 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	9 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	10 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	10 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	8 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	8 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	8 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	1 days	13
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	5 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	1 days	7
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	0 days	249
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	1 days	97
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	2 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	3 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	5 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	7 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	1 days	6
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Admin Closure	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	0 days	5
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	1 days	14
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	3 days	7
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	0 days	393
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	1 days	220
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	11 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	2 days	10
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	3 days	58
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	4 days	11
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	5 days	10
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	6 days	9
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	7 days	4
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	5 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	7 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	5 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	5 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	1 days	23
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Approved per Clinical Guideline(s): < STATE_GUIDELINE_POLICY_TEXT>.	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1

27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Plastic Surgery	Sinus CT	Approval		NA	NA	0 days	3
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Podiatry	Foot MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Psychiatry	Brain MRA	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Pulmonary Medicine	Chest CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	16
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Radiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Rheumatology	Pelvis MRI	Approval		NA	NA	6 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Sports Medicine	Foot CT (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Sports Medicine	Knee MRI (left)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Abdomen MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Cervical Spine MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Hip CT (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Hip MRI (left)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Lumbar Spine MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Pelvis MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Thoracic Spine MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Thorax MRI	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Thoracic Surgery	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Sella CT	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Shoulder Labral Repair (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Shoulder MRI (left)	Approval		NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Sinus CT	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	3 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	9
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Unknown	Wrist CT (right)	Approval		NA	NA	0 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27817 Managed Health Services Community Health Plan IN Medicaid SSI Kids - HMO Fl	Urology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Approval		NA	NA	29 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Abdomen MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Chest CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	CT Bone Density Study	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Foot MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Pelvis MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Allergy & Immunology	Chest CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Allergy & Immunology	Chest CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Allergy & Immunology	Sinus CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Allergy & Immunology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	1 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	46
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	96
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Cervical/Thoracic Interlaminar Epidural (Neck/Upper Back Steroid Injection (Shot)). It n	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Chest MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Hip MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Hip MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Hip MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	0 days	85
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	1 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	6 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	144
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Block (Lower Back Injection (Shot)). It must be medically nec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	5 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	67
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	5 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Radiofrequency Neurolysis (Lower Back Nerve Procedure). I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	198
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	5

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Indiana Health Coverage Programs Pro	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-022	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	167
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	0 days	62
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	• We denied your doctor's request for a Sacroiliac Joint Injection (Lower Back Injection (Shot)). It must be medically needed in c	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Shoulder MRI (right)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Indiana Health Covera	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Indiana Health Covera	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	• We denied your doctor's request for a Spinal Cord Stimulator Trial (Device to manage pain). It must be medically needed in or	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Admin Denial	Void	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	• We denied your doctor's request for a Sympathetic Nerve Block (Nerve Injection (Shot)). It must be medically needed in order	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0230 for Nerve E	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0232 for Nerve E	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0031 for Myelography, (	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Anesthesiology	Thorax MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Chest CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Chest CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Chest CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Heart CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Heart CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiac Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • MCG Ambulator	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Brain CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT Angiography	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Chest MRA	Clinical Denial	Your doctor's request for a(n) Chest MRA has been denied. • MCG Ambulatory Care Guideline A-0035 for Chest MR Angiograph	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	50
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	11 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	2 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart CT	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart CT	Clinical Denial	Your doctor's request for a(n) Heart CT has been denied. • MCG Ambulatory Care Guideline A-0020 for Cardiac CT Scan was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	0 days	22
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-005	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	27 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-005	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-005	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-005	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-005	NA	NA	4 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-00	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Void	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	82
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	4 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0112 fo	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0112 fo	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	437
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	69
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	11 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	4 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	5 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	7 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0078 for M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	10 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	10 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Therapy-PT	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Therapy-PT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Chiropractic Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Chest CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Pelvis MRA	Clinical Denial	Your doctor's request for a(n) Pelvis MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Colon & Rectal Surgery	Thorax CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	Chest CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	Knee MRI (right)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Dermatology	Thoracic Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	0 days	35
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	1 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Ankle CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	38
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	24
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Elbow MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Foot MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hand MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee CT (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Leg CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lower Extremity MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lower Extremity MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0031 for Myelography, C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	1 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	5 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Wrist CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Wrist CT (left)	Clinical Denial	Your doctor's request for a(n) Wrist CT (left) has been denied. • MCG Ambulatory Care Guideline A-0029 for Wrist CT Scan was	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Wrist MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Doctors and Rehabilitation	Wrist MRI (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Brain CT	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Chest CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Chest CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Stress Echocardiogram	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Thorax MRI	Clinical Denial	Your doctor's request for a(n) Thorax MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Abdomen CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Abdomen CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Neck CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Endocrinology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	43
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	22
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Approval		NA	NA	1 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	7 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Brain CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Chest CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Chest CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • MCG Ambulatory C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • MCG Ambulatory C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Pelvis MRA	Clinical Denial	Your doctor's request for a(n) Pelvis MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Pelvis MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Pelvis MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Stress Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Unlisted CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Gastroenterology	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	147
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	1 days	26
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	14 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	3 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograpl	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	These notes were given for the requested Abdomen and Pelvis CT: abdominal pain. Per Evolent Urgent Emergent Guideline Evol	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograph	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograph	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen CT Angiography	Approval		NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRA	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	26
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • MCG Ambulator	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • MCG Ambulator	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (right)	Admin Denial	Eligibility Denied	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (right)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	0 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	29 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	• We denied your doctor's request for a Brain CT (Computed Tomography - pictures of inside your brain). It must be medically n	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	These notes were given for the requested Brain CT: doctor's notes that say your headaches are changing (such as increased fre	NA	NA	14 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT Angiography	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT An	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRA	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRA	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	12 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	146
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	22
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Breast MRI (Single or Bilateral)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	0 days	27
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	1 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	7 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical/Thoracic Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	0 days	93
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest MRA	Clinical Denial	Your doctor's request for a(n) Chest MRA has been denied. • MCG Ambulatory Care Guideline A-0035 for Chest MR Angiograph	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	CT Bone Density Study	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	CTA Coronary Arteries	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Face CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Face MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Foot MRI (left)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Foot MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Foot MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hand CT (Right)	Clinical Denial	Your doctor's request for a(n) Hand CT (Right) has been denied. • MCG Ambulatory Care Guideline A-0029 for Wrist CT Scan wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hand MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hand MRI (right)	Clinical Denial	Your doctor's request for a(n) Hand MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0447 for Hand MRI was us	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee CT (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee CT (left)	Clinical Denial	Your doctor's request for a(n) Knee CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee CT (left)	Clinical Denial	Your doctor's request for a(n) Knee CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	29
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	34
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Leg CT (left)	Clinical Denial	Your doctor's request for a(n) Leg CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT S	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Leg CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	183
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lower Extremity CT (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower E	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lower Extremity MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lower Extremity MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	43
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	1 days	21
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	6 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	42
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	4

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Mastoid CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Mastoid CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Clinical Denial	The requested procedure is indicated based on the available clinical information.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT Angiography	Admin Denial	Admin Closure	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT Angiography	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck MRA	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sacroiliac Joint Injection	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	0 days	21
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	25
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	• We denied your doctor's request for a Sinus CT (Computed Tomography - pictures of inside your nose and surrounding area). I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	A doctor's note with a reason why a heart test where you walk (Exercise Stress Test) without heart pictures cannot be done	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Temporal Bone CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thorax CT	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thorax CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transesophageal Echocardiogram	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transesophageal Echocardiogram	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	109
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	1 days	23
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	2 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRA	Clinical Denial	Your doctor's request for a(n) Abdomen MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	0 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • MCG Ambulator	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	47
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Cervical Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	247
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	1 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Chest MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Face MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Hip MRI (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Hip MRI (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Knee MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Knee MRI (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Knee MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Leg CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	31
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Neck CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Neck MRI	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Pelvis CT	Approval		NA	NA	0 days	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	0 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	119
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	• We denied your doctor's request for a PET Scan with CT for Attenuation (Positron Emission Tomography with Computed Tomo	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Shoulder CT (right)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (right) has been denied. • MCG Ambulatory Care Guideline A-0437 for Arthrography,	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Sinus CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Sinus CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Sternum CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Stress Echocardiogram	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Transesophageal Echocardiogram	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	99
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hematologist/Oncologist	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Hospital	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Chest CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Elbow MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Face MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Orbits CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Thorax CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Infectious Diseases	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	57
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen MRA	Clinical Denial	Your doctor's request for a(n) Abdomen MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen MRI	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Ankle CT (right)	Clinical Denial	Your doctor's request for a(n) Ankle CT (right) has been denied. • MCG Ambulatory Care Guideline A-0014 for Ankle CT Scan wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	24
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Fax reviewed 27 yow ith R sided facial drooping and possible Bell's palsy- tx with steroids but still with sensory changes No focz	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Breast MRI (Single or Bilateral)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Admin Denial	Void	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	0 days	67
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	1 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	CTA Coronary Arteries	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	CTA Coronary Arteries	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	CTA Coronary Arteries	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Face CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Foot CT (right)	Clinical Denial	Your doctor's request for a(n) Foot CT (right) has been denied. • MCG Ambulatory Care Guideline A-0019 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Foot MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hand CT (Right)	Clinical Denial	Your doctor's request for a(n) Hand CT (Right) has been denied. • MCG Ambulatory Care Guideline A-0029 for Wrist CT Scan wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hand MRI (left)	Clinical Denial	Your doctor's request for a(n) Hand MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0447 for Hand MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hand MRI (right)	Clinical Denial	Your doctor's request for a(n) Hand MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0447 for Hand MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Heart CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Heart MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Heart MRI	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Heart MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hip MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hip MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hip MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (right)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	34
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lower Extremity CT Angiography	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0474 for L	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower L	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for L	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Neck CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Orbits CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Pelvis MRI	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Sinus CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Temporal Bone CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spir	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thorax CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thorax CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thorax CT	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	51
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	2 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0078 for M	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT A	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain CT Angiography	Clinical Denial	Fax reviewed chronic HA. no vascular concern or family hx. no deficits. no C./ t to MRI. no changes or deficits. deny both	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRA	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRA	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	37
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatient	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatient	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Artificial Disc Replacement – Two Levels	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • MCG Inpatient &	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Single Level	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0031 for Myelography, C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	21
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Functional MRI Brain	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Decompression	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Decompression	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Decompression	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Luml	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Luml	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Lu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a Lumbar Microdiscectomy has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Lun	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a Lumbar Microdiscectomy has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Lun	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a(n) Lumbar Microdiscectomy has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for L	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0031 for Myelography, C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine M	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	23
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	4

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	MRS	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	MRS	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Neck CT Angiography	Clinical Denial	Fax reviewed chronic HA. no vascular concern or family hx. no deficits. no C./ to MRI. no changes or deficits. deny both	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Pelvis MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Sinus CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Indiana Health Covera	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0031 for Myelography, (	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Upper Extremity Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Joint MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurological Surgery	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • MCG Ambulator	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Fax reviewed Prior MRI 1/2025 w/ possible IIH Worsening h/a, thunderclap h/a, 'swooshing sound' in ears/pulsatile tinnitus Pla	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Approval		NA	NA	0 days	23
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI w	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Approval		NA	NA	0 days	23
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	306
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	47
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain PET Scan	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Brain PET Scan	Clinical Denial	Your doctor's request for a(n) Brain PET Scan has been denied. • MCG Ambulatory Care Guideline A-0096 for Brain Positron Em	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	53
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Approval		NA	NA	1 days	24
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Approval		NA	NA	6 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Chest CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Face MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Functional MRI Brain	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Functional MRI Brain	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Functional MRI Brain	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Functional MRI Brain	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Functional MRI Brain	Clinical Denial	Your doctor's request for a(n) Functional MRI Brain has been denied. • MCG Ambulatory Care Guideline A-0539 for Brain Functi	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI w	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRA	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • MCG Ambulatory Care Guideline A-0034 for Neck MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • MCG Ambulatory Care Guideline A-0034 for Neck MR Angiography	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • MCG Ambulatory Care Guideline A-0034 for Neck MR Angiography	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • MCG Ambulatory Care Guideline A-0034 for Neck MR Angiography	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • MCG Ambulatory Care Guideline A-0034 for Neck MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Neck MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Orbits MRI	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Orbits MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Orbits MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Sinus MRI	Clinical Denial	Your doctor's request for a(n) Sinus MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Sympathetic Nerve Block	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spir	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	These notes were given for the requested Abdomen and Pelvis CT: spot on your ovary. Per Evolent Urgent Emergent Guideline E	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen and Pelvis CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen MRI	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Chest CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Chest CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Fetal MRI	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Hip MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Hip MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Hip MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Hip MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRA	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRA	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRA	Clinical Denial	Your doctor's request for a(n) Pelvis MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRA	Clinical Denial	Your doctor's request for a(n) Pelvis MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	0 days	43
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	• We denied your doctor's request for a Pelvis MRI (Magnetic Resonance Imaging – pictures of inside your body between your hi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	• We denied your doctor's request for a Pelvis MRI (Magnetic Resonance Imaging – pictures of inside your body between your hi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	PET Scan with CTr for Attenuation	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OB/Gynecology	Upper Extremity CT (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Occupational Medicine	Therapy -OT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oncology	Chest CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oncology	Pelvis MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain MRA	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Neck CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits CT	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear CT Scan w	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear CT Scan w	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Ophthalmology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Face CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Sinus CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Oral/Maxillofacial	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Abdomen MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle CT (right)	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle CT (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (left)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	3 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Arm CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Arm MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Arm MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Arm MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • MCG Inpa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatient	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatient	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Artificial Disc Replacement – Single Level	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Artificial Disc Replacement – Single Level	Clinical Denial	Your doctor's request for a Cervical Artificial Disc Replacement – Single Level has been denied. • MCG Ambulatory Care Guidel	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Artificial Disc Replacement – Two Levels	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Artificial Disc Replacement – Two Levels	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a(n) Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • MCG Inpatien	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Posterior Decompression with Fusion – Single Level	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Single Level has been denied. • MCG Inpatient & Su	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Posterior Decompression without Fusion	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine CT	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	46
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	1 days	21
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Chest CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Chest CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Chest CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Chest CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (right)	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (right)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Clinical Denial	• We denied your doctor's request for a Femoroacetabular Impingement (FAI) Hip Surgery (left) (Hip Surgery). It must be medic	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot CT (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot CT (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot CT (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Admin Denial	Void	NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (right)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hand CT (Left)	Clinical Denial	Your doctor's request for a(n) Hand CT (Left) has been denied. • MCG Ambulatory Care Guideline A-0029 for Wrist CT Scan was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hand CT (Right)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hand MRI (left)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hand MRI (right)	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (left)	Clinical Denial	Your doctor's request for a(n) Hip CT (left) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (left)	Clinical Denial	Your doctor's request for a(n) Hip CT (left) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	0 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Hip Surgery – Other (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Humerus MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee CT (left)	Approval		NA	NA	0 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee CT (left)	Clinical Denial	Your doctor's request for a(n) Knee CT (left) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee CT (right)	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	• We denied your doctor's request for a Knee Ligament Reconstruction/Repair (left) (Knee Surgery). It must be medically neede	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (left) can't be approved at this time. • A surgeon made this decision base	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (left) can't be approved at this time. • A surgeon made this decision base	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	Your doctor's request for a(n) Knee Ligament Reconstruction/Repair (left) has been denied. • MCG Inpatient & Surgical Care Gu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Void	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (right) can't be approved at this time. • A surgeon made this decision bas	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	27
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	• We denied your doctor's request for a Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) (Knee Surgery). It must	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	The requested Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) can't be approved at this time. • A surgeon mad	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • MCG Inpatien	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • MCG Inpatien	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • MCG Inpatien	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • MCG Inpatien	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Void	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	21
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	• We denied your doctor's request for a Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) (Knee Surgery). It mus	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	The requested Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) can't be approved at this time. • A surgeon ma	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	The requested Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) can't be approved at this time. • A surgeon ma	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	The requested Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) can't be approved at this time. • A surgeon ma	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • MCG Inpatie	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	91
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	1 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	• We denied your doctor's request for a Knee MRI (left) (Magnetic Resonance Imaging – pictures of inside your knee). It must be	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	107
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	• We denied your doctor's request for a Knee MRI (right) (Magnetic Resonance Imaging – pictures of inside your knee). It must b	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (left) has been denied. • MCG Ambulatory Care Guideline A-0518 for Microl	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-705 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (right)	Admin Denial	Void	NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (right)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-705 fc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Knee Surgery – Other (right)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-705 fc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Leg CT (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lower Extremity MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lower Extremity MRI (left)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lower Extremity MRI (right)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Decompression	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Decompression	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Decompression	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-810 for Lu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Lu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	A preliminary review has been performed that is NOT a final determination. Requests for further information and a peer-to-peer	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Microdiscectomy	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Microdiscectomy	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	78
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	1 days	41
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Interlaminar Epidural (Lower Back Steroid Injection (Shot)). It must be m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Neck CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (left) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Clinical Denial	• We denied your doctor's request for a Partial-Unicompartmental Knee Arthroplasty (UKA) (right) (Knee Surgery). It must be m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (right) has been denied. • Evolent Clinical Gu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision Knee Arthroplasty (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Revision/Conversion Hip Arthroplasty (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Sacroiliac Joint Injection	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Scapula CT (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Scapula MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder CT (left)	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder CT (left)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (left) has been denied. • MCG Ambulatory Care Guideline A-0437 for Arthrography, (	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder CT (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder CT (right)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder CT (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder CT (right)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (right) has been denied. • MCG Ambulatory Care Guideline A-0437 for Arthrography,	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	The requested Shoulder Labral Repair (left) can't be approved at this time. • A surgeon made this decision based on a review of	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	63
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	1 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	55
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	1 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	The requested Shoulder Rotator Cuff Repair (left) can't be approved at this time. • A surgeon made this decision based on a rev	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	The requested Shoulder Rotator Cuff Repair (left) can't be approved at this time. • A surgeon made this decision based on a rev	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Admin Denial	Void	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline :	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline :	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline :	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline :	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • MCG Inpatient & Surgical Care Guideline :	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	6 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-104	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • MCG Inpatient & Surgical Care Guide	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	• We denied your doctor's request for a Total Hip Arthroplasty/Resurfacing (left) (Hip Surgery). It must be medically needed in o	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • MCG Inpatient & Surgical Care Guide	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Admin Denial	Void	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	34
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	• We denied your doctor's request for a Total Knee Arthroplasty (TKA) (left) (Knee Surgery). It must be medically needed in orde	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	31
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • MCG Inpatient & Surgical Care Guideline	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	• We denied your doctor's request for a Total Knee Arthroplasty (TKA) (right) (Knee Surgery). It must be medically needed in ord	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • MCG Inpatient & Surgical Care Guideline	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Unlisted MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Upper Extremity CT (left)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Upper Extremity CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Upper Extremity Joint MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Upper Extremity Joint MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist CT (left)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist CT (left)	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist CT (left)	Clinical Denial	Your doctor's request for a(n) Wrist CT (left) has been denied. • MCG Ambulatory Care Guideline A-0029 for Wrist CT Scan was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist CT (right)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist CT (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist MRI (left)	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0061 for Wrist MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Osteopath	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	243
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	1 days	36
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	19 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	3 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	6 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograph	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograph	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograph	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Approval		NA	NA	0 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Approval		NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-1012 for Hepatic Elastograpl	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Approval		NA	NA	0 days	41
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • MCG Ambulator	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (right)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (right)	Approval		NA	NA	7 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Arm CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Arm MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Approval		NA	NA	0 days	32
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Approval		NA	NA	1 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Approval		NA	NA	29 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRA	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	173
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	24
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Fax reviewed Ongoing headaches > 1 yr, 2-3x/week Nausea but no vomiting HAs not improved with new glasses No mention of	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Fax reviewed chronic migraines L arm and leg heaviness, L arm numbness brain MR 7/2023- no acute abnormality patient conc	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	50
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	0 days	56
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	1 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Approval		NA	NA	0 days	140
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Approval		NA	NA	1 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Approval		NA	NA	3 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Approval		NA	NA	6 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest MRI	Clinical Denial	The requested procedure is indicated based on the available clinical information.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CT Bone Density Study	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Elbow MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Elbow MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Elbow MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Follow-up, Limited, or Localized CT	Clinical Denial	Your doctor's request for a(n) Follow-up, Limited, or Localized CT has been denied. • Evolent Clinical Guideline 009 for Sinus M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot CT (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot CT (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hand CT (Left)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hand MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hand MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Heart CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Heart MRI	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Heart MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-00	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-00	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • MCG Ambulatory Care Guideline A-0641 for Hip CT Scan was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	3 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (right)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Humerus MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Humerus MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Internal Auditory Canal CT	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit a	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	0 days	26
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Leg CT (left)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Leg CT (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	178
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity CT (right)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	72
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	1 days	66
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	2 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	3 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	6 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	25
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	49
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Radiofrequency Neurolysis (Lower Back Nerve Procedure). I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Interlaminar Epidural (Lower Back Steroid Injection (Shot)). It must be n	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Mastoid CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT Angiography	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT Angiography	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT Angiography	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck MRA	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck MRI	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Orbits CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear CT Scan w	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Orbits MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Admin Denial	Void	NA	NA	29 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdominal	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRA	Clinical Denial	Your doctor's request for a(n) Pelvis MRA has been denied. • MCG Ambulatory Care Guideline A-0032 for Abdominal/Pelvic MR	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Admin Denial	Void	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Approval		NA	NA	0 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	• We denied your doctor's request for a Stress Echocardiogram (pictures of inside your heart). It must be medically needed in or	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmac	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sympathetic Nerve Block	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve E	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	23
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spir	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transesophageal Echocardiogram	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0112 fo	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	163
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	1 days	25
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	2 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Unlisted CT	Clinical Denial	Your doctor's request for a(n) Unlisted CT has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to mak	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Upper Extremity CT Angiography (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity CT Angiography (left) has been denied. • MCG Ambulatory Care Guideline A-047	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Upper Extremity CT Angiography (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity CT Angiography (left) has been denied. • MCG Ambulatory Care Guideline A-047	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Upper Extremity MRA (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity MRA (right) has been denied. • MCG Ambulatory Care Guideline A-0485 for Uppe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Wrist CT (left)	Clinical Denial	Your doctor's request for a(n) Wrist CT (left) has been denied. • MCG Ambulatory Care Guideline A-0029 for Wrist CT Scan was	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Wrist MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Wrist MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Wrist MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Other	Wrist MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	17 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	11 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Void	NA	NA	12 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	12 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Cervical Spine MRI	Admin Denial	Void	NA	NA	12 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Cervical Spine MRI	Approval		NA	NA	11 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Chest CT Angiography	Admin Denial	Void	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Heart MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	12 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar Spine MRI	Approval		NA	NA	11 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Pelvis MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	PET Scan with CT for Attenuation	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for `	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Revision Knee Arthroplasty (left)	Admin Denial	Void	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Shoulder Labral Repair (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Sympathetic Nerve Block	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	OTHER O/P DIAG TESTING	Upper Extremity Joint MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Chest CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Face CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Face MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Mastoid CT	Clinical Denial	Your doctor's request for a(n) Mastoid CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear CT Scan	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	0 days	25
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Orbits CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear CT Scan w	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	134
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	0 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Temporal Bone CT	Clinical Denial	Your doctor's request for a(n) Temporal Bone CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear (	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Temporomandibular Joints MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Otolaryngology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pathology	Cervical Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Chest MRA	Clinical Denial	Your doctor's request for a(n) Chest MRA has been denied. • MCG Ambulatory Care Guideline A-0035 for Chest MR Angiograph	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Heart MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Knee MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pediatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen and Pelvis CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475 for Abdom	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Ankle MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain CT	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Breast MRI (Single or Bilateral)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	2

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Chest CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Chest CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Elbow MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Clinical Denial	Your doctor's request for a(n) Femoroacetabular Impingement (FAI) Hip Surgery (left) has been denied. • MCG Inpatient & Surg	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Foot CT (right)	Clinical Denial	Your doctor's request for a(n) Foot CT (right) has been denied. • MCG Ambulatory Care Guideline A-0019 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Foot MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Foot MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • MCG Inpatie	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (left)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (left)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (right)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (right)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lower Extremity CT Angiography	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0474 for L	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lower Extremity MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Decompression	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Lu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	46
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	13

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0(	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Neck CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Neck CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Neck CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Neck MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Clinical Denial	• We denied your doctor's request for a Partial-Unicompartmental Knee Arthroplasty (UKA) (left) (Knee Surgery). It must be me	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Pelvis CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sinus CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sinus CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Stress Echocardiogram	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Temporal Bone CT	Clinical Denial	Your doctor's request for a(n) Temporal Bone CT has been denied. • MCG Ambulatory Care Guideline A-0023 for Orbit and Ear	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	0 days	561
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	1 days	65
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	10 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	2 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	22 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	3 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	4 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Pro	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	10 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Prov	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed, Therapy-OT (Occupational Therapy), must be medically needed in order to be covered. • We made th	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Indiana Health Coverage Programs Provi	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	1 days	71
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	2 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	0 days	3523
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	1 days	548
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	10 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	2 days	42
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	3 days	45
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	4 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	5 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	6 days	44
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	7 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	8 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1

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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	1 days	86
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	2 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	3 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed, Therapy-PT (Physical Therapy), must be medically needed in order to be covered. • We made this de	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	for review	NA	NA	14 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	18
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	28
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Indiana Health Coverage Programs Provider Referenc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used < STATE_GUIDELINE_POLICY_TEXT> to decide	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
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27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Approval		NA	NA	0 days	49
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Approval		NA	NA	1 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Approval		NA	NA	3 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Approval		NA	NA	4 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider I	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider F	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider R	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed, Therapy-ST (Speech Therapy), must be medically needed in order to be covered. • We made this dec	NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Indiana Health Coverage Programs Provider Reference	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Indiana Health Coverage Programs Provider Re	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spir	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Thorax CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Upper Extremity CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Physical Medicine	Wrist MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Abdomen CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Breast MRI (Single or Bilateral)	Clinical Denial	Your doctor's request for a(n) Breast MRI (Single or Bilateral) has been denied. • MCG Ambulatory Care Guideline A-0048 for Br	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Face CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Hand MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Neck CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Neck CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Neck MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Sinus CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Wrist MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Plastic Surgery	Wrist MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle CT (left)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle CT (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle CT (right)	Approval		NA	NA	0 days	13
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRA (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRA (right) has been denied. • MCG Ambulatory Care Guideline A-0037 for Lower Extremity	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Approval		NA	NA	0 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Approval		NA	NA	1 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	2 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was u	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot CT (left)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot CT (right)	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Approval		NA	NA	0 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Approval		NA	NA	0 days	23
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joir	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Knee MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Leg CT (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Leg CT (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lower Extremity MRA	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRA has been denied. • MCG Ambulatory Care Guideline A-0037 for Lower Extre	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lowe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Podiatry	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Preventitive Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Preventitive Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Psychiatry	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Psychiatry	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	156
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	1 days	22
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	3 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	61
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Sinus CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Sinus CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Thorax CT	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Thorax CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0112 fo	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Pulmonary Medicine	Unlisted CT	Clinical Denial	Your doctor's request for a(n) Unlisted CT has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to mak	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Abdomen CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Abdomen CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Abdomen MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Brain CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	20
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Cervical Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Chest CT	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Face MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	MRS	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Neck CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Pelvis MRI	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	PET Scan	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Thorax CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiation Oncology	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Abdomen MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Brain CT Angiography	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Brain MRA	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Ca	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Chest CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Chest CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Neck CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Pelvis MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Pelvis MRI	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Pelvis MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Sinus CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Radiology	Temporal Bone CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Cervical Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Lumbar/Sacral Intertaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Shoulder MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rehabilitations	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Brain CT Angiography	Approval		NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Brain PET Scan	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Cervical Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Chest CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Chest CT	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Foot MRI (right)	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Hand MRI (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Hand MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Hip MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Humerus MRI (left)	Clinical Denial	Your doctor's request for a(n) Humerus MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0046 for Arm MRI was	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Knee MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Neck CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Approval		NA	NA	6 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	PET Scan with CT for Attenuation	Clinical Denial	missing indication for PET CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Sinus CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Sinus CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Rheumatology	Wrist MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Ankle MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0045 for Ankle MRI was us	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Ankle MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (left)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was u	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (right)	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0049 for Elbow MRI was	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Foot MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Hip MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Hip MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (left)	Approval		NA	NA	0 days	15
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (right)	Approval		NA	NA	0 days	9
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was us	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Pelvis MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Wrist CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Wrist MRI (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Sports Medicine	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0436 for Arthrography, MI	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	78
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	1 days	16
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	30
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Fetal MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Fetal MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Knee MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Knee Surgery – Other (right)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (right) has been denied. • MCG Inpatient & Surgical Care Guideline S-705 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Leg CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Neck CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Neck CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Orbits CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Pelvis CT	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Pelvis MRI	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Pelvis MRI	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Pelvis MRI	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for '	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Shoulder Surgery Other (left)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0080 for Pharmaco	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Thorax CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgical Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgical Oncology	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgical Oncology	Chest CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgical Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Surgical Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Brain CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Brain CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Brain MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical Spine CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Chest CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Chest CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Chest CT Angiography	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Heart CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Heart MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Knee MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	21
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Neck CT Angiography	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Neck MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	PET Scan with CT for Attenuation	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Shoulder MRI (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Thoracic Spine CT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Thoracic Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	27
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Approval		NA	NA	0 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • MCG Ambulatory Care Guideline A-0044 for Abdominal MRI wa	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Ankle CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Ankle MRI (left)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Ankle MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Ankle MRI (right)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0016 for Brain CT Scan was used	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • MCG Ambulatory Care Guideline A-0047 for Brain MRI was used to m	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT Angiography	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRA	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • MCG Ambulatory Care Guideline A-0033 for Head MR Angiography	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	24
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Brain PET Scan	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • MCG Inpa	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • MCG Inpatie	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • MCG Inpatient &	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • MCG Ambulatory Care Guideline A-0025 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	1 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	14 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	6 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 f	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Ca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Cervical/Thoracic Interlaminar Epidural (Neck/Upper Back Steroid Injection (Shot)). It n	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Approval		NA	NA	0 days	19
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was usec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT Angiography	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Chest MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	CT Bone Density Study	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	CTA Coronary Arteries	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	CTA Coronary Arteries	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • MCG Ambulatory Care Guideline A-0483 for Cardiac CT	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Elbow MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Elbow MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • MCG Ambulatory Care Guideline A-0054 for Neck, Orbit, and Face M	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Foot CT (right)	Clinical Denial	Your doctor's request for a(n) Foot CT (right) has been denied. • MCG Ambulatory Care Guideline A-0019 for Foot and Foot Joint	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Foot MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0050 for Foot and Foot Joint	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Foot MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Heart MRI	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • MCG Ambulatory Care Guideline A-0051 for Cardiac MRI was used	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip CT (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used to	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0642 for Hip MRI was used t	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee CT (right)	Clinical Denial	Your doctor's request for a(n) Knee CT (right) has been denied. • MCG Ambulatory Care Guideline A-0021 for Lower Extremity C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Ligament Reconstruction/Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee MRI (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee MRI (left)	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0052 for Knee MRI was use	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee MRI (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Surgery – Other (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Surgery – Other (left)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Knee Surgery – Other (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	11

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • MCG Ambulatory Care Guideline A-0	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • MCG Inpatient & Surgical Care Guideline S-830 for Lu	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 fo	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Single Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Single Level	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • MCG Inpatient & Surgical Care Guideline S-820 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Microdiscectomy	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • MCG Ambulatory Care Guideline A-0027 for Lumbar Spine C	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	24
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	1 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	6 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	36
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Block (Lower Back Injection (Shot)). It must be medically nec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • MCG Ambulatory Care Guideline A-0695 for l	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	12
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Radiofrequency Neurolysis (Lower Back Nerve Procedure). I	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • MCG Ambulatory Care	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	43
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • MCG Ambulatory Care Guideline A-0225	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	39
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • MCG Ambulatory Care Guideline A-02	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0078 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • MCG Ambulatory Care Guideline A-0079 for My	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck CT	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • MCG Ambulatory Care Guideline A-0022 for Neck CT Scan was used	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck CT Angiography	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck MRA	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • MCG Ambulatory Care Guideline A-0034 for Neck MR Angiography	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Neck MRI	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Orbits MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic CT Sc	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine MRI was	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Revision Shoulder Arthroplasty (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Revision/Conversion Hip Arthroplasty (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Revision/Conversion Hip Arthroplasty (right)	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacroili	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	0 days	14
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	• We denied your doctor's request for a Sacroiliac Joint Injection (Lower Back Injection (Shot)). It must be medically needed in c	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • MCG Ambulatory Care Guideline A-1048 for Sacroilia	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Labral Repair (left)	Admin Denial	Void	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S-1045	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MRI	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (right)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0056 for Shoulder MR	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • MCG Inpatient & Surgical Care Guideline S	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Surgery Other (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Shoulder Surgery Other (right)	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sinus CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • MCG Ambulatory Care Guideline A-0018 for Face and Sinuses CT Sca	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Indiana Health Coverage Programs Provider Refe	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Stress Echocardiogram	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0113 for Stress Ec	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	• We denied your doctor's request for a Sympathetic Nerve Block (Nerve Injection (Shot)). It must be medically needed in order	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0229 for Nerve B	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • MCG Ambulatory Care Guideline A-0231 for Nerve B	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Temporal Bone CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine CT	Approval		NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • MCG Ambulatory Care Guideline A-0026 for Thoracic Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	14 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	3 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0058 for Thoracic Spin	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thorax CT	Approval		NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Thorax MRI	Clinical Denial	Your doctor's request for a(n) Thorax MRI has been denied. • MCG Ambulatory Care Guideline A-0446 for Chest MRI was used to	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	• We denied your doctor's request for a Total Hip Arthroplasty/Resurfacing (left) (Hip Surgery). It must be medically needed in o	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • MCG Inpatient & Surgical Care Guideline	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transesophageal Echocardiogram	Approval		NA	NA	0 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	36
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	1 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	7 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically need	NA	NA	1 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	5 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	2 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • MCG Ambulatory Care Guideline A-0111 for Tr	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Upper Extremity Non Joint MRI (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Non Joint MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0046 f	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Upper Extremity Non Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Non Joint MRI (right) has been denied. • MCG Ambulatory Care Guideline A-0046	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Unknown	Wrist CT (right)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	104
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	11
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	3 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	8 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0640 for Urograph	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdomin	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • MCG Ambulatory Care Guideline A-0013 for Abdominal/Pelvic C	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	0 days	10
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Chest CT	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • MCG Ambulatory Care Guideline A-0028 for Chest CT Scan was use	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0059 for Lumbar Spine	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Neck CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis CT	Approval		NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Approval		NA	NA	0 days	17
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Approval		NA	NA	1 days	4
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • MCG Ambulatory Care Guideline A-0055 for Pelvic MRI was used to	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	PET Scan	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	PET Scan	Approval		NA	NA	1 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • MCG Ambulatory Care Guideline A-0098 for Tumor Imaging Positron	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	6
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • MCG Ambulatory Care Guideline A-0098 for	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Urology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	4 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	7
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0475	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	8
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO FI	Vascular Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1

27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0484 for Head CT Ar	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • MCG Ambulatory Car	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • MCG Ambulatory Care Guideline A-0057 for Cervical Spine	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Chest CT	Approval		NA	NA	0 days	2
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Chest CT Angiography	Approval		NA	NA	0 days	5
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Chest CT Angiography	Approval		NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0471 for Chest CT A	NA	NA	1 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • MCG Ambulatory Care Guideline A-0053 for Lower	NA	NA	2 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Myocardial Perfusion Imaging	Approval		NA	NA	7 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Neck CT Angiography	Approval		NA	NA	0 days	3
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • MCG Ambulatory Care Guideline A-0470 for Neck CT An	NA	NA	3 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Stress Echocardiogram	Approval		NA	NA	0 days	1
27818 Managed Health Services Community Health Plan IN HIP - HMO Fl	Vascular Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Abdomen MRI	Clinical Denial	• We denied your doctor's request for a Abdomen MRI (Magnetic Resonance Imaging – pictures of inside your belly area). It mus	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Chest CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Foot MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Hand MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Pelvis MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Thoracic Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Upper Extremity Joint MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Wrist MRI (left)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Advanced Practice Registered Nurse	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Chest CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Sinus CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Sinus CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Allergy & Immunology	Sinus CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 301 for Facet In	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	41
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Cervical/Thoracic Interlaminar Epidural (Neck/Upper Back Steroid Injection (Shot)). It n	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	0 days	39
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	1 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	48
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	7 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Block (Lower Back Injection (Shot)). It must be medically nec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Block (Lower Back Injection (Shot)). It must be medically nec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	30
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Radiofrequency Neurolysis (Lower Back Nerve Procedure). I	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	95
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Interlaminar Epidural (Lower Back Steroid Injection (Shot)). It must be n	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	4 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	2

27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	15 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 408 for Epidur	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	46
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	3 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	5 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Neck MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Pelvis MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacro	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	0 days	40
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	5 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	• We denied your doctor's request for a Sacroiliac Joint Injection (Lower Back Injection (Shot)). It must be medically needed in c	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Shoulder MRI (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Evolent Clinical Guidel	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Evolent Clinical Guidel	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Evolent Clinical Guidel	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Evolent Clinical Guidel	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Evolent Clinical Guidel	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	• We denied your doctor's request for a Spinal Cord Stimulator Trial (Device to manage pain). It must be medically needed in or	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Evolent Clinical Guideline 1757 for Spinal Cord St	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Evolent Clinical Guideline 1757 for Spinal Cord St	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Thoracic Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Anesthesiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiac Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiac Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiac Surgery	Chest CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiac Surgery	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiac Surgery	Chest CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiac Surgery	Heart MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Approval		NA	NA	0 days	22
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT Angiography	Approval		NA	NA	0 days	37
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest MRA	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest MRA	Clinical Denial	Your doctor's request for a(n) Chest MRA has been denied. • Evolent Clinical Guideline 022-2 for Chest MRA was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • Evolent Clinical Guideline 021 for Chest (Thorax) MRI was used to n	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	CTA Coronary Arteries	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	CTA Coronary Arteries	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	72
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	2 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	3 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Approval		NA	NA	6 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	• We denied your doctor's request for a CTA Coronary Arteries (Computed Tomographic Angiography - pictures of the blood ves	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart CT	Approval		NA	NA	0 days	22
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart CT Congenital Studies	Clinical Denial	Your doctor's request for a(n) Heart CT Congenital Studies has been denied. • Evolent Clinical Guideline 025 for Heart CT was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Approval		NA	NA	0 days	29
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Clinical Denial	• We denied your doctor's request for a Heart MRI (Magnetic Resonance Imaging – pictures of inside your heart). It must be mec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • Evolent Clinical Guideline 028 for Heart MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • Evolent Clinical Guideline 028 for Heart MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • Evolent Clinical Guideline 028 for Heart MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • Evolent Clinical Guideline 028 for Heart MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	7 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	124
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	34
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	15
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	29 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	4 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	5 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	7 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Neck CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Neck CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	0 days	41
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	2 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	• We denied your doctor's request for a Stress Echocardiogram (pictures of inside your heart). It must be medically needed in o	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Thorax CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	38
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	These notes were given for the requested Transesophageal Echocardiogram: doctor's notes that say why the test was needed. P	NA	NA	23 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transesc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transesc	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transesc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transesc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	693

27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	71
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	26
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	4 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	5 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	16
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	for review	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Chiropractic Medicine	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Chest CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	CT (Virtual) Colonoscopy for Diagnostic	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Pelvis CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Colon & Rectal Surgery	Pelvis MRI	Approval		NA	NA	0 days	6

27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Clinical Denial	• We denied your doctor's request for a Pelvis MRI (Magnetic Resonance Imaging – pictures of inside your body between your hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	PET Scan with CT for Attenuation	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Colon & Rectal Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	Face MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	Neck CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Dermatology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	0 days	35
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT Angiography	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle CT (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Arm MRI (left)	Clinical Denial	Your doctor's request for a(n) Arm MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRA	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	41
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	1 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	0 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT Angiography	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	CTA Coronary Arteries	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Elbow MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot MRI (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Clinical Denial	• We denied your doctor's request for a Foot MRI (right) (Magnetic Resonance Imaging – pictures of inside your foot). It must be	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hand MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Heart CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Internal Auditory Canal CT	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee CT (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee CT (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	0 days	22
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lower Extremity MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	24
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	1 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	2

27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 408 for Epidur	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Neck MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Orbits CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis MRI	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sacroiliac Joint Injection	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder CT (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (right)	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Stress Echocardiogram	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Stress Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Temporal Bone CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Temporal Bone CT	Clinical Denial	Your doctor's request for a(n) Temporal Bone CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Masto	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thorax CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transesophageal Echocardiogram	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Upper Extremity CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Wrist CT (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Wrist CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Doctors and Rehabilitation	Wrist MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Face MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Pelvis MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Sinus CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Emergency Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Chest CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Neck CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Neck CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Orbits CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Endocrinology	Orbits MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	54
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gastroenterology	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2

27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	21
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Approval		NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	• We denied your doctor's request for a Abdomen MRI (Magnetic Resonance Imaging – pictures of inside your belly area). It mus	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	• We denied your doctor's request for a Abdomen MRI (Magnetic Resonance Imaging – pictures of inside your belly area). It mus	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Chest CT	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Chest CT	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Chest CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	CT (Virtual) Colonoscopy for Screening	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	CT (Virtual) Colonoscopy for Screening	Clinical Denial	Your doctor's request for a(n) CT (Virtual) Colonoscopy for Screening has been denied. • Evolent Clinical Guideline 033-2 for C	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	CT (Virtual) Colonoscopy for Screening	Clinical Denial	Your doctor's request for a(n) CT (Virtual) Colonoscopy for Screening has been denied. • Evolent Clinical Guideline 033-2 for C	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Heart MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make tl	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Pelvis MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Pelvis MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Pelvis MRI	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Pelvis MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Pelvis MRI	Clinical Denial	• We denied your doctor's request for a Pelvis MRI (Magnetic Resonance Imaging – pictures of inside your body between your hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Stress Echocardiogram	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Gastroenterology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	170
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	1 days	15
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	6 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	7 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT Angiography	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	20
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI wa	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Arm MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Arm MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	0 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	• We denied your doctor's request for a Brain CT (Computed Tomography - pictures of inside your brain). It must be medically n	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	• We denied your doctor's request for a Brain CT (Computed Tomography - pictures of inside your brain). It must be medically n	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRA	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRA	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	98
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	28
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Clinical Denial	• We denied your doctor's request for a Cervical Spine MRI (Magnetic Resonance Imaging – pictures of inside your upper spine).	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	21
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Admin Denial	Void	NA	NA	29 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	0 days	109
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	1 days	13
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	These notes were given for the requested Chest CT: notes from your doctor with results of lung tests (like a pulmonary function t	NA	NA	29 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Chest MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	CT Bone Density Study	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	CTA Coronary Arteries	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	CTA Coronary Arteries	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	CTA Coronary Arteries	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Elbow MRI (left)	Approval		NA	NA	0 days	2

27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Elbow MRI (left)	Approval		NA	NA	23 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Elbow MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Face CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to r	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to r	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot CT (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot CT (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot MRI (left)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot MRI (right)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hand MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hand MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hand MRI (right)	Clinical Denial	Your doctor's request for a(n) Hand MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Internal Auditory Canal MRI	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Ort	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	• We denied your doctor's request for a Knee MRI (left) (Magnetic Resonance Imaging – pictures of inside your knee). It must be	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	21
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Leg CT (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Leg CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Leg CT (right)	Clinical Denial	Your doctor's request for a(n) Leg CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	201
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	• We denied your doctor's request for a Low Dose CT for Lung Cancer Screening (Computed Tomography - pictures of the inside	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	8 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	37
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	1 days	19
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	6 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	These notes were given for the requested Lumbar Spine MRI: you have back pain. Per Evolent Urgent Emergent Guideline Evole	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	44
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epida	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Mastoid CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make th	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inter	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inter	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Orbits MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 038 for Pelvis CTA was used t	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Approval		NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sella CT	Clinical Denial	Your doctor's request for a(n) Sella CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits,	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder CT (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder CT (right)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (right) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity CT wa	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI v	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	• We denied your doctor's request for a Shoulder MRI (left) (Magnetic Resonance Imaging – pictures of inside your shoulder). It	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	• We denied your doctor's request for a Shoulder MRI (right) (Magnetic Resonance Imaging – pictures of inside your shoulder). I	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	27
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	General/Family Practice	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Spinal Cord Stimulator Trial	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	• We denied your doctor's request for a Stress Echocardiogram (pictures of inside your heart). It must be medically needed in or	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Therapy-OT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transesophageal Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	81
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	1 days	21
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	2 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	6 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically nee	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Upper Extremity Joint MRI (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Joint MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Wrist MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Wrist MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	General/Family Practice	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Geriatrics	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Geriatrics	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Geriatrics	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Geriatrics	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Geriatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Abdomen MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	MUGA Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	MUGA Scan	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Pelvis MRI	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	PET Scan	Approval		NA	NA	0 days	3

27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	PET Scan	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Gynecologic Oncology	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Admin Denial	Void	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	383
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	1 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Admin Denial	Admin Closure	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	0 days	33
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	83
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Cervical Spine CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Admin Denial	Admin Closure	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	350
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	1 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Chest MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Face CT	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Face MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Heart MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Hip CT (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Hip MRI (left)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Hip MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Humerus MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Knee MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Knee MRI (right)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Leg CT (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Clinical Denial	• We denied your doctor's request for a Low Dose CT for Lung Cancer Screening (Computed Tomography - pictures of the inside	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lower Extremity CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremit	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	MUGA Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	38
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	44
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck CT Angiography	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Neck MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Orbits CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Orbits MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Approval		NA	NA	0 days	27
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Eligibility Denied	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	148
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	4 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Sinus CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Stress Echocardiogram	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Stress Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogi	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thorax CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	55
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Transesophageal Echocardiogram	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	76
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Upper Extremity CT (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity CT (left) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Hematologist/Oncologist	Upper Extremity MRA (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity MRA (right) has been denied. • Evolent Clinical Guideline 058-2 for Upper Extrem	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Cervical Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Chest CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Chest CT	Approval		NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Infectious Diseases	Upper Extremity CT (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	69
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	<p> Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for.	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	• We denied your doctor's request for a Abdomen CT (Computed Tomography - pictures of inside your belly area). It must be me	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen MRI	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen MRI	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Arm MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRA	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRA	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	34
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	0 days	81
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	1 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT Angiography	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest MRA	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Chest MRA	Clinical Denial	Your doctor's request for a(n) Chest MRA has been denied. • Evolent Clinical Guideline 022-2 for Chest MRA was used to make	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	CTA Coronary Arteries	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Hand MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Hand MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Heart CT	Clinical Denial	Your doctor's request for a(n) Heart CT has been denied. • Evolent Clinical Guideline 025 for Heart CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Heart MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • Evolent Clinical Guideline 028 for Heart MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Hip MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Hip MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Humerus MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Internal Auditory Canal CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (right)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	55
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lower Extremity CT (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	MRCP (Magnetic Resonance Cholangiopancreatography)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	• We denied your doctor's request for a Neck CT (Computed Tomography - pictures of inside your neck). It must be medically ne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck MRA	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Neck MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Orbits MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Pelvis CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Pelvis MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Sinus CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thorax CT	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thorax CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transes	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transes	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	74
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	4 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	6 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically nec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Internal Medicine	Wrist MRI (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Lower Extremity CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Pelvis CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Interventional Radiologists	Pelvis MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Medical Genetics	Cervical Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Medical Genetics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Chest CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nephrology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRA	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	34
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • Evolent C	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Single Level	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • Evolent Clinica	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Artificial Disc Replacement – Single Level	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Artificial Disc Replacement – Two Levels	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • Evolent Clinical (	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • Evolent Clinical (	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • Evolent Clinical (	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression without Fusion	Approval		NA	NA	0 days	2

27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Posterior Decompression without Fusion	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	• We denied your doctor's request for a Cervical Spine MRI (Magnetic Resonance Imaging – pictures of inside your upper spine).	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Chest CT Angiography	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Face CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremit	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surge	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Si	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surg	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surg	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surg	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Admin Denial	Admin Closure	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	18
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Sacroiliac Joint Fusion	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacro	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Temporal Bone CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurological Surgery	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Brain CT	Approval		NA	NA	1 days	3

27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Approval		NA	NA	0 days	22
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	169
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	37
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain PET Scan	Clinical Denial	Your doctor's request for a(n) Brain PET Scan has been denied. • Evolent Clinical Guideline 071 for Brain PET Scan was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Brain PET Scan	Clinical Denial	Your doctor's request for a(n) Brain PET Scan has been denied. • Evolent Clinical Guideline 071 for Brain PET Scan was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cerebral Perfusion CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	37
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	1 days	13
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 042 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	• We denied your doctor's request for a Cervical Spine MRI (Magnetic Resonance Imaging – pictures of inside your upper spine).	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Chest CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Face CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Face MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Hip MRI (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	16 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRA	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRA	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make th	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make th	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make th	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Neck MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Orbits MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Pelvis MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Spinal Cord Stimulator Trial	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Evolent Clinical Guideline 1757 for Spinal Cord St	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Stress Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	1 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	2

27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transesophageal Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Neurology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Nuclear Medicine	Foot MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	18
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Chest CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Fetal MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	0 days	22
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OB/Gynecology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Abdomen CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits,	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Reso	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Chest CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	• We denied your doctor's request for a Orbits CT (Computed Tomography - pictures behind and around your eyes). It must be n	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits CT	Clinical Denial	Your doctor's request for a(n) Orbits CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits MRI	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Ophthalmology	Temporal Bone CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Oral/Maxillofacial	Face CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Oral/Maxillofacial	Face MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Oral/Maxillofacial	Neck CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Oral/Maxillofacial	Sinus CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle CT (right)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle CT (right)	Clinical Denial	Your doctor's request for a(n) Ankle CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	• We denied your doctor's request for a Ankle MRI (left) (Magnetic Resonance Imaging – pictures of inside your ankle). It must b	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI wa	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Arm CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Arm MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Reso	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Multiple Level has been denied. • Evolent Clinic	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a Cervical ACDF- Anterior Decompression with Fusion-Multiple Level has been denied. • Evolent Clinic	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • Evolent C	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • Evolent C	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion- Multiple Level has been denied. • Evolent C	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Artificial Disc Replacement – Single Level	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Posterior Decompression with Fusion – Multiple Levels	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression with Fusion – Multiple Levels has been denied. • Evolent Clinical (	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Posterior Decompression with Fusion – Single Level	Clinical Denial	Your doctor's request for a(n) Cervical Posterior Decompression with Fusion – Single Level has been denied. • Evolent Clinical (	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Posterior Decompression with Fusion – Single Level	Clinical Denial	Your doctor's request for a(n) Cervical Posterior Decompression with Fusion – Single Level has been denied. • Evolent Clinical (	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Posterior Decompression without Fusion	Clinical Denial	Your doctor's request for a Cervical Posterior Decompression without Fusion has been denied. • Evolent Clinical Guideline 1758	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Posterior Decompression without Fusion	Clinical Denial	Your doctor's request for a(n) Cervical Posterior Decompression without Fusion has been denied. • Evolent Clinical Guideline 1	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	20
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	1 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paravе	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paravе	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paravе	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Chest CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Chest MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Clinical Denial	Your doctor's request for a(n) Femoroacetabular Impingement (FAI) Hip Surgery (left) has been denied. • Evolent Clinical Guide	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Clinical Denial	Your doctor's request for a(n) Femoroacetabular Impingement (FAI) Hip Surgery (left) has been denied. • Evolent Clinical Guide	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Clinical Denial	Your doctor's request for a(n) Femoroacetabular Impingement (FAI) Hip Surgery (left) has been denied. • Evolent Clinical Guide	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Femoroacetabular Impingement (FAI) Hip Surgery (right)	Clinical Denial	Your doctor's request for a(n) Femoroacetabular Impingement (FAI) Hip Surgery (right) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot CT (left)	Approval		NA	NA	0 days	5

27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot CT (left)	Clinical Denial	Your doctor's request for a(n) Foot CT (left) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot CT (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot CT (right)	Clinical Denial	Your doctor's request for a(n) Foot CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (left)	Clinical Denial	Your doctor's request for a(n) Frozen Shoulder Repair/Adhesive Capsulitis (left) has been denied. • Evolent Clinical Guideline 1	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hand CT (Left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hand CT (Right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hand CT (Right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hand MRI (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hand MRI (right)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (left)	Clinical Denial	Your doctor's request for a(n) Hip CT (left) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was used	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (right)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (right)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	17 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	The requested procedure is indicated based on the available clinical information.	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip Surgery – Other (left)	Clinical Denial	The requested Hip Surgery – Other (left) can't be approved at this time. • A surgeon made this decision based on a review of the	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Hip Surgery – Other (left) has been denied. • Evolent Clinical Guideline 1762 for Hip Arthroscopy v	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Hip Surgery – Other (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Humerus MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Humerus MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee CT (left)	Approval		NA	NA	0 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee CT (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee CT (right)	Approval		NA	NA	0 days	20
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee CT (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (left) can't be approved at this time. • A surgeon made this decision base	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (left) can't be approved at this time. • A surgeon made this decision base	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	Your doctor's request for a(n) Knee Ligament Reconstruction/Repair (left) has been denied. • Evolent Clinical Guideline 1764 fc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Clinical Denial	Your doctor's request for a(n) Knee Ligament Reconstruction/Repair (left) has been denied. • Evolent Clinical Guideline 1764 fc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	• We denied your doctor's request for a Knee Ligament Reconstruction/Repair (right) (Knee Surgery). It must be medically need	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (right) can't be approved at this time. • A surgeon made this decision base	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (left)	Clinical Denial	• We denied your doctor's request for a Knee Manipulation under Anesthesia (MUA) (left) (Knee Surgery). It must be medically r	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (right)	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Manipulation under Anesthesia (MUA) (right)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	5 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	• We denied your doctor's request for a Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) (Knee Surgery). It mu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	108
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	109
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Approval		NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (left) has been denied. • Evolent Clinical Guideline 1764 for Knee Arthrosco	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (right)	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (right)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (right) has been denied. • Evolent Clinical Guideline 1764 for Knee Arthrosc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Knee Surgery – Other (right)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (right) has been denied. • Evolent Clinical Guideline 1764 for Knee Arthrosc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Leg CT (left)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Leg CT (right)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Leg CT (right)	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Leg CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity CT (right)	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity MRI (left)	Admin Denial	Admin Closure	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity MRI (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity MRI (right)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Artificial Disc - Single Level	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Artificial Disc - Single Level	Clinical Denial	Your doctor's request for a Lumbar Artificial Disc - Single Level has been denied. • Evolent Clinical Guideline 1765 for Lumbar A	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Artificial Disc - Multiple Levels	Clinical Denial	Your doctor's request for a Lumbar Artificial Disc - Multiple Levels has been denied. • Evolent Clinical Guideline 1765 for Lumba	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surge	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surge	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Si	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Si	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Microdiscectomy	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a(n) Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	61
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	1 days	25
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	3 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	7 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	19
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Admin Closure	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Neck MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial Shoulder Arthroplasty/Hemiarthroplasty (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (left) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (left) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (left) has been denied. • Evolent Clinical Guic	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (left) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (right) has been denied. • Evolent Clinical Gu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (right) has been denied. • Evolent Clinical Gu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (right) has been denied. • Evolent Clinical Gu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Clinical Denial	Your doctor's request for a(n) Partial-Unicompartmental Knee Arthroplasty (UKA) (right) has been denied. • Evolent Clinical Gu	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Approval		NA	NA	1 days	2

27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision Knee Arthroplasty (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision Knee Arthroplasty (left)	Clinical Denial	Your doctor's request for a(n) Revision Knee Arthroplasty (left) has been denied. • Evolent Clinical Guideline 1763 for Knee Arth	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision Knee Arthroplasty (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Clinical Denial	Your doctor's request for a(n) Revision/Conversion Hip Arthroplasty (left) has been denied. • Evolent Clinical Guideline 1761 fo	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Fusion	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Fusion	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacroili	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Fusion	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Fusion has been denied. • Evolent Clinical Guideline 1767 for Percutaneous Sacro	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Scapula MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder CT (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder CT (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder CT (right)	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder CT (right)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (right) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity CT wa	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder CT (right)	Clinical Denial	Your doctor's request for a(n) Shoulder CT (right) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity CT wa	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arth	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arth	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arth	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arth	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arth	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arth	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	• We denied your doctor's request for a Shoulder Labral Repair (right) (Shoulder Surgery). It must be medically needed in order	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	The requested Shoulder Labral Repair (right) can't be approved at this time. • A surgeon made this decision based on a review c	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Art	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • Evolent Clinical Guideline 318 for Shoulder Arth	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	66
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	1 days	11
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	• We denied your doctor's request for a Shoulder MRI (left) (Magnetic Resonance Imaging – pictures of inside your shoulder). It	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	97
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	1 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	0 days	18
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	• We denied your doctor's request for a Shoulder Rotator Cuff Repair (left) (Shoulder Surgery). It must be medically needed in c	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	The requested Shoulder Rotator Cuff Repair (left) can't be approved at this time. • A surgeon made this decision based on a rev	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	23
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	• We denied your doctor's request for a Shoulder Rotator Cuff Repair (right) (Shoulder Surgery). It must be medically needed in	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	• We denied your doctor's request for a Shoulder Rotator Cuff Repair (right) (Shoulder Surgery). It must be medically needed in	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	The requested Shoulder Rotator Cuff Repair (right) can't be approved at this time. • A surgeon made this decision based on a re	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	The requested Shoulder Surgery Other (left) can't be approved at this time. • A surgeon made this decision based on a review o	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Arti	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Admin Denial	Void	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Ar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Ar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Ar	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Surgery Other (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Ar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measural	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping ar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine CT	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	<p> Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	34
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	32
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	• We denied your doctor's request for a Total Hip Arthroplasty/Resurfacing (right) (Hip Surgery). It must be medically needed in	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	46
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	• We denied your doctor's request for a Total Knee Arthroplasty (TKA) (left) (Knee Surgery). It must be medically needed in orde	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	3 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	55
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	• We denied your doctor's request for a Total Knee Arthroplasty (TKA) (right) (Knee Surgery). It must be medically needed in ord	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	The requested Total Knee Arthroplasty (TKA) (right) can't be approved at this time. • A surgeon made this decision based on a re	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total/Reverse Shoulder Arthroplasty or Resurfacing (left) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total/Reverse Shoulder Arthroplasty or Resurfacing (left) has been denied. • Evolent Clinical Gui	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total/Reverse Shoulder Arthroplasty or Resurfacing (left) has been denied. • Evolent Clinical Gui	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total/Reverse Shoulder Arthroplasty or Resurfacing (left) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Upper Extremity CT (left)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Upper Extremity CT (right)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist CT (left)	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist CT (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist CT (right)	Clinical Denial	Your doctor's request for a(n) Wrist CT (right) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity CT was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Knee MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremit	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Osteopath	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Admin Denial	Void	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	238
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	1 days	24
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	3 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	These notes were given for the requested Abdomen and Pelvis CT: results of other tests you did first, like blood tests. These resu	NA	NA	29 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdon	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	• We denied your doctor's request for a Abdomen CT (Computed Tomography - pictures of inside your belly area). It must be me	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to mak	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen CT Angiography has been denied. • Evolent Clinical Guideline 034-1 for Abdomen CTA v	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRA	Clinical Denial	Your doctor's request for a(n) Abdomen MRA has been denied. • Evolent Clinical Guideline 034-2 for Abdomen MRA was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	0 days	39
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	• We denied your doctor's request for a Abdomen MRI (Magnetic Resonance Imaging – pictures of inside your belly area). It mus	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Arm CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Arm MRI (left)	Clinical Denial	Your doctor's request for a(n) Arm MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Arm MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Arm MRI (right)	Clinical Denial	Your doctor's request for a(n) Arm MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Approval		NA	NA	1 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Approval		NA	NA	28 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Approval		NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	• We denied your doctor's request for a Brain CT (Computed Tomography - pictures of inside your brain). It must be medically ne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRA	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRA	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	112
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	17
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was us	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was us	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Admin Denial	Admin Closure	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	0 days	32
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	1 days	18
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	6 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	23
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Approval		NA	NA	0 days	150
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Approval		NA	NA	1 days	25
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Approval		NA	NA	3 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	<p> Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax)	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Chest MRI	Clinical Denial	Your doctor's request for a(n) Chest MRI has been denied. • Evolent Clinical Guideline 021 for Chest (Thorax) MRI was used to n	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CT Bone Density Study	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CT Bone Density Study	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CTA Coronary Arteries	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CTA Coronary Arteries	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CTA Coronary Arteries	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 082 for Coronary CT Angiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 082 for Coronary CT Angiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Elbow MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Elbow MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Elbow MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Face CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to r	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Face MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Follow-up, Limited, or Localized CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Foot CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Foot MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Foot MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hand MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hand MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart CT	Clinical Denial	Your doctor's request for a(n) Heart CT has been denied. • Evolent Clinical Guideline 025 for Heart CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart PET Scan with CT for Attenuation	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Humerus MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Humerus MRI (right)	Clinical Denial	Your doctor's request for a(n) Humerus MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Internal Auditory Canal CT	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Internal Auditory Canal CT	Clinical Denial	Your doctor's request for a(n) Internal Auditory Canal CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Approval		NA	NA	0 days	18
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Leg CT (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Leg CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Denied	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	108
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for l	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for l	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for l	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lower Extremity CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lower Extremity MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lower Extremity MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lower Extremity MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	33
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	1 days	31
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	3 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Approval		NA	NA	7 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	38
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	2

27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	• We denied your doctor's request for a Myocardial Perfusion Imaging (pictures of blood flow to your heart muscle). It must be n	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	• We denied your doctor's request for a Neck CT (Computed Tomography - pictures of inside your neck). It must be medically ne	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT Angiography	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT Angiography	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make th	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Neck MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Orbits CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Orbits MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Orbits MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 038 for Pelvis CTA was used t	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRA	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Approval		NA	NA	0 days	31
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make thi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	• We denied your doctor's request for a Pelvis MRI (Magnetic Resonance Imaging – pictures of inside your body between your hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	23
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint Inj	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Sinus MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Approval		NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Temporal Bone CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Approval		NA	NA	0 days	23
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transesophageal Echocardiogram	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transesophageal Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transesophageal Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transesophageal Echocardiogram has been denied. • Evolent Clinical Guideline 066 for Transesc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	134
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	1 days	29
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	2 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	21 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	4 days	2

27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Approval		NA	NA	5 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Upper Extremity Non Joint MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Other	Wrist MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	12 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Ankle MRI (right)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Brain CT	Admin Denial	Void	NA	NA	12 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Brain CT Angiography	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Admin Denial	Void	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Cervical/Thoracic Facet Joint Block	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Chest CT Angiography	Approval		NA	NA	12 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Chest CT Angiography	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Knee MRI (right)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	11 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	21 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar Decompression	Admin Denial	Void	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar Microdiscectomy	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar Microdiscectomy	Admin Denial	Void	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Lumbar/Sacral Interlaminar Epidural	Admin Denial	Void	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Neck CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Neck CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Orbits MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Pelvis MRI	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	PET Scan with CT for Attenuation	Approval		NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Revision/Conversion Hip Arthroplasty (left)	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Revision/Conversion Hip Arthroplasty (left)	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Sacroiliac Joint Injection	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Sacroiliac Joint Injection	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Sacroiliac Joint Injection	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	9 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Shoulder Surgery Other (left)	Admin Denial	Void	NA	NA	9 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Sinus CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Upper Extremity Joint MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	OTHER O/P DIAG TESTING	Wrist MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain CT Angiography	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRA	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Res	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	32
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Chest CT	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Face CT	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Face CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to r	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Face MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Face MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Internal Auditory Canal MRI	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Lower Extremity CT Angiography	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT Angiography has been denied. • Evolent Clinical Guideline 061-1 for Lower Ex	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	0 days	34
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	• We denied your doctor's request for a Neck CT (Computed Tomography - pictures of inside your neck). It must be medically ne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck CT Angiography	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Neck MRI	Clinical Denial	Your doctor's request for a(n) Neck MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Orbits MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan	Clinical Denial	• We denied your doctor's request for a PET Scan (Positron Emission Tomography - pictures of inside your body). It must be med	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sella CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Admin Denial	Admin Closure	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	113
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	1 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Temporal Bone CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Otolaryngology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pathology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pathology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pathology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Cervical Spine MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Cervical Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Chest CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Chest MRA	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Elbow MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Foot MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Heart MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Lumbar/Sacral Facet Joint Block	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Orbits MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	24
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pediatrics	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Ankle CT (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Ankle CT (right)	Approval		NA	NA	0 days	2

27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle CT (right)	Clinical Denial	Your doctor's request for a(n) Ankle CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Artificial Disc Replacement – Single Level	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was us	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	28 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	20
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Cervical/Thoracic Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for E	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Chest CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Chest CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Chest CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Elbow MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Elbow MRI (right)	Admin Denial	Void	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Femoroacetabular Impingement (FAI) Hip Surgery (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Foot CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Foot MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Foot MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hand MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Ligament Reconstruction/Repair (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	Your doctor's request for a(n) Knee Ligament Reconstruction/Repair (right) has been denied. • Evolent Clinical Guideline 1764 f	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Manipulation under Anesthesia (MUA) (right)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee MRI (left)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee MRI (right)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Knee Surgery – Other (left)	Clinical Denial	Your doctor's request for a(n) Knee Surgery – Other (left) has been denied. • Evolent Clinical Guideline 1764 for Knee Arthrosco	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	4 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lower Extremity CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lower Extremity CT Angiography	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT Angiography has been denied. • Evolent Clinical Guideline 061-1 for Lower Ex	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lower Extremity MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Fusion - Multi-Level	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was usec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	37
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	28
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 300 for Epi	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Neck CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Neck CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Neck MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Orbits MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Partial-Unicompartmental Knee Arthroplasty (UKA) (right)	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Pelvis MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Pelvis MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	• We denied your doctor's request for a Sacroiliac Joint Injection (Lower Back Injection (Shot)). It must be medically needed in c	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoul	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sinus CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Spinal Cord Stimulator Trial	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ne	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Sympathetic Nerve Block	Clinical Denial	• We denied your doctor's request for a Sympathetic Nerve Block (Nerve Injection (Shot)). It must be medically needed in order	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	1 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Admin Denial	Void	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	0 days	513
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	1 days	50
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	13 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	2 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	3 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	5 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	6 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Approval		NA	NA	7 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1500 for Active Proced	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Ha	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recc	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Ha	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Ha	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Ha	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepi	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outp	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Reco	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed Therapy-OT must be medically needed in order to be covered. • We made this decision using the Evole	NA	NA	1 days	20
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed Therapy-OT must be medically needed in order to be covered. • We made this decision using the Evole	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed Therapy-OT must be medically needed in order to be covered. • We made this decision using the Evole	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Approvable per Clinical Guidelines, route to UM Gatekeeper Approval Queue for determination.	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Ha	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Ha	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keep	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpa	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpa	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Rec	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Rec	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Rec	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Recor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Closure	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Admin Withdrawn	NA	NA	17 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	1 days	32
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	3 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Admin Denial	Void	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	0 days	1218
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	1 days	253
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	11 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	19 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	2 days	31
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	22 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	25 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	3 days	33
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	31 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	4 days	32
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	5 days	29
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	6 days	36
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	7 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Approval		NA	NA	8 days	12
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping a	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measural	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measural	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measural	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	11 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	4

27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	14 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	23 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 608 for Active Proc	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1503 for Experimental, Unp	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Habilitz	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Habilitz	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1507 for Passive Treatment	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1507 for Passive Treatment	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	17 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping.	NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1500 for Active Pro	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpatien	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpatien	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpatien	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1507 for Passive Tr	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1507 for Passive Tr	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1507 for Passive Tr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 605 for Measurable	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 605 for Measurable	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	<p> Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	<p> Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline	NA	NA	4 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	1 days	33
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	2 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	3 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1504 for Measurable Progre	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1506 for Outpatient Habilita	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 605 for Measurable Progres	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping a	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping a	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping a	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping a	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping a	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1507 for Passive Treatment	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurabl	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurabl	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurabl	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurabl	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record K	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record K	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record K	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record K	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 606-01 for Record K	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Admin Withdrawn	NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Admin Denial	Void	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	0 days	124
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	1 days	44
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	2 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	3 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	5 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	6 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatien	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatien	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatien	NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilita	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilita	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilita	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilita	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Centene Clinical Policy CP.MP.95 for Gender-	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed Therapy-ST must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	• The service performed Therapy-ST must be medically needed in order to be covered. • We made this decision using the Evolen	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping and	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 602 for Outpatient H	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thorax CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Thorax CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Total Hip Arthroplasty/Resurfacing (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for F	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Upper Extremity CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Upper Extremity Joint MRI (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Joint MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Upper Extremity Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Joint MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Ex	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Upper Extremity Non Joint MRI (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity Non-Joint MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upp	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Wrist CT (right)	Clinical Denial	Your doctor's request for a(n) Wrist CT (right) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity CT was us	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Wrist MRI (left)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Physical Medicine	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Plastic Surgery	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Brain MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Hand CT (Left)	Clinical Denial	• We denied your doctor's request for a Hand CT (Left) (Computed Tomography - pictures of inside your hand). It must be medic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Hand CT (Right)	Clinical Denial	• We denied your doctor's request for a Hand CT (Right) (Computed Tomography - pictures of inside your hand). It must be med	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Hand MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Hand MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Neck CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Neck MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Orbits CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Sinus CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Wrist MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Plastic Surgery	Wrist MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle CT (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle CT (left)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle CT (left)	Clinical Denial	Your doctor's request for a(n) Ankle CT (left) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle CT (right)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	• We denied your doctor's request for a Ankle MRI (left) (Magnetic Resonance Imaging – pictures of inside your ankle). It must b	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Admin Denial	Admin Closure	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Approval		NA	NA	0 days	19
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Approval		NA	NA	10 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI wa	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	• We denied your doctor's request for a Ankle MRI (right) (Magnetic Resonance Imaging – pictures of inside your ankle). It must	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot CT (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot CT (left)	Approval		NA	NA	21 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot CT (left)	Clinical Denial	Your doctor's request for a(n) Foot CT (left) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was usec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot CT (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	The requested procedure is indicated based on the available clinical information.	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Leg CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Lower Extremity CT (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT (left) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Podiatry	Lower Extremity CT (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Podiatry	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Hand MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint Inj	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Preventitive Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Psychiatry	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	167
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	1 days	25
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	3 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT Angiography	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	63
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Myocardial Perfusion Imaging	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Neck CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Sinus CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	20
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Abdomen MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	37
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	• We denied your doctor's request for a Brain MRI (with or without Internal Auditory Canal views) (Magnetic Resonance Imaging	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Brain PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Cervical Spine MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Chest CT	Approval		NA	NA	0 days	20
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Neck CT	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Orbits MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Pelvis MRI	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Pelvis MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	18
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Thorax CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiation Oncology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdomen MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Brain CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Brain CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Brain MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Cervical Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Cervical Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Chest CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Chest CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be medic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Lumbar Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Neck CT	Clinical Denial	• We denied your doctor's request for a Neck CT (Computed Tomography - pictures of inside your neck). It must be medically ne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Neck CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Neck CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Pelvis MRI	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Sinus CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Sinus CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Stress Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Thoracic Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Radiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Foot MRI (left)	Clinical Denial	• We denied your doctor's request for a Foot MRI (left) (Magnetic Resonance Imaging – pictures of inside your foot). It must be m	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Lumbar/Sacral Facet Joint Block	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Facet Joint Block (Lower Back Injection (Shot)). It must be medically nec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rehabilitations	Therapy-ST	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Reproductive Endocrinology	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rheumatology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Rheumatology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rheumatology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Rheumatology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Ankle MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Ankle MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Cervical Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Chest CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Chest MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Hand MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Hand MRI (left)	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Hand MRI (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Hand MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Hand MRI (right)	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Knee MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Knee MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Lower Extremity MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Neck CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Neck CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Shoulder MRI (right)	Clinical Denial	• We denied your doctor's request for a Shoulder MRI (right) (Magnetic Resonance Imaging – pictures of inside your shoulder). I	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Sinus CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Temporomandibular Joints MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Thoracic Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Rheumatology	Upper Extremity Non Joint MRI (right)	Clinical Denial	• We denied your doctor's request for a Upper Extremity Non Joint MRI (right) (Magnetic Resonance Imaging – pictures of inside	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Ankle MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Ankle MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Elbow MRI (right)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Foot MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Foot MRI (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Foot MRI (right)	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Hip MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Hip MRI (right)	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Hip MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (left)	Approval		NA	NA	0 days	10
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (right)	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Neck CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder CT (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder Labral Repair (right)	Clinical Denial	• We denied your doctor's request for a Shoulder Labral Repair (right) (Shoulder Surgery). It must be medically needed in order	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	9
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (right)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Sports Medicine	Upper Extremity CT (right)	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Sports Medicine	Upper Extremity MRA (right)	Clinical Denial	Your doctor's request for a(n) Upper Extremity MRA (right) has been denied. • Evolent Clinical Guideline 058-2 for Upper Extrem	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Sports Medicine	Wrist CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Sports Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Sports Medicine	Wrist MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	57
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	1 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	8 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen CT	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen MRI	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen MRI	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Cervical Spine CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Chest MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Elbow MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Fetal MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Knee MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Leg CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremit	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lower Extremity MRI (left)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremit	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lower Extremity MRI (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lower Extremity MRI (right)	Clinical Denial	Your doctor's request for a(n) Lower Extremity MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extrem	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Neck CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Neck CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Clinical Denial	• We denied your doctor's request for a Pelvis MRI (Magnetic Resonance Imaging – pictures of inside your body between your hi	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Shoulder MRI (left)	Clinical Denial	• We denied your doctor's request for a Shoulder MRI (left) (Magnetic Resonance Imaging – pictures of inside your shoulder). It	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Thorax CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgery	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Abdomen MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Chest CT	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Chest CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Foot MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Surgical Oncology	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Brain CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical Spine CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT Angiography	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT Angiography	Approval		NA	NA	0 days	11
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT Angiography	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Chest CT Angiography	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Hand MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Heart CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Heart MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Knee MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	17
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Neck CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Shoulder MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Thoracic Spine CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Thorax CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to m	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Thoracic Surgery	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	29
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen MRI	Approval		NA	NA	0 days	3

27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle CT (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle MRI (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Ankle MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Arm MRI (left)	Clinical Denial	Your doctor's request for a(n) Arm MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was us	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRA	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	18
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	29 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guic	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Clinical Denial	Your doctor's request for a(n) Cervical ACDF- Anterior Decompression with Fusion-Single Level has been denied. • Evolent Clin	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Posterior Decompression with Fusion – Multiple Levels	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine CT	Clinical Denial	Your doctor's request for a(n) Cervical Spine CT has been denied. • Evolent Clinical Guideline 041 for Cervical Spine CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	7 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Parave	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guic	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	• We denied your doctor's request for a Cervical/Thoracic Interlaminar Epidural (Neck/Upper Back Steroid Injection (Shot)). It n	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Approval		NA	NA	0 days	28
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT Angiography	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tor	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	CTA Coronary Arteries	Approval		NA	NA	0 days	7
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Elbow MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Face CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Face CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Face CT	Clinical Denial	Your doctor's request for a(n) Face CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to r	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Fetal MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Foot MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hand MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Heart CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Heart PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) Heart PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 079 for Hear	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip CT (right)	Clinical Denial	Your doctor's request for a(n) Hip CT (right) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Hip MRI (right)	Clinical Denial	Your doctor's request for a(n) Hip MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clini	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) has been denied. • Evolent Clinic	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (left)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (right)	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Knee Surgery – Other (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lower Extremity CT Angiography	Clinical Denial	Your doctor's request for a(n) Lower Extremity CT Angiography has been denied. • Evolent Clinical Guideline 061-1 for Lower Ex	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lower Extremity MRI (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Decompression	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Fusion - Multi-Level	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	The requested Lumbar Fusion - Multi-Level can't be approved at this time. • A surgeon made this decision based on a review of	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Fusion - Single Level	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surg	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	12
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Approval		NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO Fl	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	14
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epid	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	13
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	• We denied your doctor's request for a Lumbar/Sacral Transforaminal Epidural (Lower Back Steroid Injection (Shot)). It must b	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck CT	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck CT Angiography	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Neck MRA	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Orbits CT	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Orbits CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Orbits MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Orbits MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Partial-Unicompartmental Knee Arthroplasty (UKA) (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 038 for Pelvis CTA was used t	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	PET Scan	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	PET Scan with CT for Attenuation	Clinical Denial	<p> Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Revision/Conversion Hip Arthroplasty (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (left)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (left)	Clinical Denial	• We denied your doctor's request for a Shoulder Labral Repair (left) (Shoulder Surgery). It must be medically needed in order t	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (right)	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (right)	Clinical Denial	The requested Shoulder Labral Repair (right) can't be approved at this time. • A surgeon made this decision based on a review c	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Labral Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Labral Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulder Art	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (right)	Approval		NA	NA	0 days	6
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (left)	Clinical Denial	• We denied your doctor's request for a Shoulder Rotator Cuff Repair (left) (Shoulder Surgery). It must be medically needed in c	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Should	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Admin Denial	Void	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Clinical Denial	The requested Shoulder Rotator Cuff Repair (right) can't be approved at this time. • A surgeon made this decision based on a re	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulc	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Shoulder Surgery Other (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sinus CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sinus CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Spinal Cord Stimulator Insertion, Revision, or Removal	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Insertion, Revision, or Removal has been denied. • Evolent Clinical Guidel	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Evolent Clinical Guideline 1757 for Spinal Cord St	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Stress Echocardiogram	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Stress Echocardiogram	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sympathetic Nerve Block	Admin Denial	Void	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sympathetic Nerve Block	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Sympathetic Nerve Block	Clinical Denial	Your doctor's request for a(n) Sympathetic Nerve Block has been denied. • Evolent Clinical Guideline 1758 for Sympathetic Ner	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Temporal Bone CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Temporal Bone CT	Clinical Denial	Your doctor's request for a(n) Temporal Bone CT has been denied. • Evolent Clinical Guideline 006-1 for Temporal Bone, Masto	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Thorax CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (left)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	The requested Total Hip Arthroplasty/Resurfacing (left) can't be approved at this time. • A surgeon made this decision based on	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transesophageal Echocardiogram	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	25
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	1 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	2 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Unlisted CT	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Upper Extremity Non Joint MRI (right)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Wrist CT (left)	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Unknown	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	152
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	7
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	3 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	4 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1

27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Approval		NA	NA	0 days	16
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Approval		NA	NA	1 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Approval		NA	NA	2 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Approval		NA	NA	5 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Clinical Denial	• We denied your doctor's request for a Abdomen CT (Computed Tomography - pictures of inside your belly area). It must be me	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Brain CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Brain CT	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Chest CT	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Chest CT	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Chest CT	Approval		NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Chest CT	Approval		NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Chest CT	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Chest CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis CT	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis CT	Approval		NA	NA	6 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Evolent Clinical Guideline 036 for Pelvis CT was used to make this de	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Admin Denial	Admin Closure	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Approval		NA	NA	0 days	57
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	5
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	7 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan	Approval		NA	NA	0 days	4
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make this	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	15
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Unlisted MRI	Approval		NA	NA	4 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Urology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Evolent Clinical Guideline 063 for Unlisted Study was used to ma	NA	NA	2 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	3 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	8
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Chest CT Angiography	Approval		NA	NA	0 days	2
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	1 days	1
27819 Ambetter from Managed Health Services IN - HMO FI	Vascular Surgery	CTA Coronary Arteries	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Advanced Practice Registered Nurse	Chest CT	Approval		NA	NA	9 days	1
28056 Wellcare By Allwell MAPD IN FI	Advanced Practice Registered Nurse	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Allergy & Immunology	Chest CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	0 days	1

28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Admin Denial	Void	NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	8 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Medicare Local Coverage Determination (LC	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Medicare Local Coverage Determination (LC	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Medicare Local Coverage Determination (LC	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Medicare Local Covera	NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	6
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	• We denied your doctor's request for a Sacroiliac Joint Injection (Lower Back Injection (Shot)). It must be medically needed ir	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Medicare Local Coverage Determination (LCD) L394	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Medicare Local Coverage Determination (LCD) L394	NA	NA	9 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdorr	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Chest CT Angiography	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	CTA Coronary Arteries	Clinical Denial	• We denied your doctor's request for a CTA Coronary Arteries (Computed Tomographic Angiography - pictures of the blood ve	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Heart CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Heart MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	13
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Stress Echocardiogram	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Thorax CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	27
28056 Wellcare By Allwell MAPD IN Fl	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Medicare National Coverage Determination (N	NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN Fl	Colon & Rectal Surgery	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	Colon & Rectal Surgery	Chest CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	Colon & Rectal Surgery	Pelvis MRI	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Abdomen CT	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Cor	NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Face CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	8 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	6
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN Fl	Doctors and Rehabilitation	Pelvis CT	Admin Denial	Void	NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN Fl	Emergency Medicine	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Emergency Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Endocrinology	Abdomen CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	Gastroenterology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen CT	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Ankle MRI (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain CT	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Chest CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Chest CT	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Chest CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Foot MRI (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	4
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	13 days	2
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 fo	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Neck CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Pelvis CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Sinus CT	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Thoracic Spine CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Thorax CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN Fl	General/Family Practice	Thorax CT	Approval		NA	NA	10 days	1

28056 Wellcare By Allwell MAPD IN FI	General/Family Practice	Thorax CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	General/Family Practice	Thorax CT	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	7
28056 Wellcare By Allwell MAPD IN FI	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Geriatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Gynecologic Oncology	Pelvis MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Gynecologic Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	2 days	3
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen CT	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	5
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	6
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	2 days	3
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Chest CT	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Admin Denial	Eligibility Denied	NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Medicare National Coverage Determ	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Neck CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Pelvis CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Pelvis MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	PET Scan	Clinical Denial	• We denied your doctor's request for a PET Scan (Positron Emission Tomography - pictures of inside your body). It must be me	NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Medicare National Coverage Determination (NCD) 220.6.17 for (FDI	NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	12
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	8 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Abdomen and Pelvis CT Angiography	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Abdomen CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Brain CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Medicare National Co	NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Chest CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Chest CT	Approval		NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Chest CT	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Chest CT	Approval		NA	NA	9 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Chest CT Angiography	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Chest CT Angiography	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Neck CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Multi-Specialty (2 or more)	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN FI	Nephrology	Abdomen CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Brain CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Brain MRA	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Cervical Posterior Decompression with Fusion – Single Level	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Lumbar Fusion - Multi-Level	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Lumbar Microdiscectomy	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRA	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRA	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	10 days	2
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Medicare National Co	NA	NA	14 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Medicare National Co	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Cervical Spine MRI	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 f	NA	NA	14 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 f	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Lumbar Spine CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Lumbar Spine MRI	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	15 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Neck MRA	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Neurology	Thoracic Spine MRI	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Ankle CT (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Ankle MRI (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	8 days	1

28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Cervical Spine CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Foot CT (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Frozen Shoulder Repair/Adhesive Capsulitis (right)	Admin Denial	Void	NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Hand MRI (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Hip MRI (left)	Approval		NA	NA	8 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Knee CT (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Knee CT (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Lumbar Spine CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	4
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Pelvis MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Revision/Conversion Hip Arthroplasty (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Revision/Conversion Hip Arthroplasty (right)	Clinical Denial	Your doctor's request for a(n) Revision/Conversion Hip Arthroplasty (right) has been denied. • Medicare Local Coverage Determ	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder CT (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	5
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Thoracic Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Admin Denial	Admin Withdrawn	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	5 days	2
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN FI	Orthopedics	Upper Extremity CT (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	9 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen CT	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Cor	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Abdomen MRI	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Brain CT	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Other	Brain CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Brain CT Angiography	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Brain MRA	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6
28056 Wellcare By Allwell MAPD IN FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Cervical Spine CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Cervical Spine MRI	Approval		NA	NA	0 days	4
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT	Approval		NA	NA	0 days	5
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT	Approval		NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT	Clinical Denial	• We denied your doctor's request for a Chest CT (Computed Tomography - pictures of inside your chest area). It must be mec	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT Angiography	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Chest CT Angiography	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	CTA Coronary Arteries	Approval		NA	NA	9 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Face CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Hand CT (Left)	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Heart MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Heart MRI	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Knee MRI (right)	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	6
28056 Wellcare By Allwell MAPD IN FI	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Medicare National Coverage Determ	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	8
28056 Wellcare By Allwell MAPD IN FI	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Myocardial Perfusion Imaging	Admin Denial	Admin Closure	NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compul	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Neck CT Angiography	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Neck MRA	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Orbits MRI	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis CT	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis CT	Clinical Denial	Your doctor's request for a(n) Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis MRI	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis MRI	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Pelvis MRI	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	PET Scan	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Sacroiliac Joint Injection	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Sinus CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	8
28056 Wellcare By Allwell MAPD IN FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
28056 Wellcare By Allwell MAPD IN FI	Other	Unlisted CT	Admin Denial	Admin Withdrawn	NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	OTHER O/P DIAG TESTING	Abdomen and Pelvis CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	OTHER O/P DIAG TESTING	Brain CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	OTHER O/P DIAG TESTING	Cervical Spine CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	OTHER O/P DIAG TESTING	Chest CT	Approval		NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	OTHER O/P DIAG TESTING	Revision/Conversion Hip Arthroplasty (right)	Admin Denial	Void	NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	11 days	1

28056 Wellcare By Allwell MAPD IN FI	Otolaryngology	Neck CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Otolaryngology	Neck CT	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Otolaryngology	Neck MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Otolaryngology	Orbits MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Chest CT	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	14 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	9 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar Spine CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Medicare Local Coverage Determination (LCD) L394	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Physical Medicine	Wrist MRI (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Podiatry	Foot MRI (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Medicare National Coverage Determination (NCD) 220.2 for M	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Podiatry	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Preventitive Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	7 days	1
28056 Wellcare By Allwell MAPD IN FI	Preventitive Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	14 days	1
28056 Wellcare By Allwell MAPD IN FI	Psychiatry	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Chest CT	Admin Denial	Admin Closure	NA	NA	13 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Chest CT	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Medicare National Coverage Determination	NA	NA	8 days	1
28056 Wellcare By Allwell MAPD IN FI	Pulmonary Medicine	Unlisted CT	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Radiation Oncology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Radiation Oncology	Chest CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Radiation Oncology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Radiation Oncology	Neck CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Radiation Oncology	Pelvis MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Radiology	Brain CT Angiography	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Radiology	Neck CT Angiography	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Rehabilitations	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Sports Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 fo	NA	NA	11 days	1
28056 Wellcare By Allwell MAPD IN FI	Sports Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Surgery	Abdomen MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Surgery	Pelvis MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Block	Admin Denial	Eligibility Denied	NA	NA	12 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Heart CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	5 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Thoracic Surgery	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Chest CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Chest CT	Approval		NA	NA	10 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Chest CT Angiography	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Unknown	Thoracic Spine CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Thoracic Spine MRI	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Thorax CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Urology	Abdomen CT	Approval		NA	NA	0 days	1
28056 Wellcare By Allwell MAPD IN FI	Urology	Chest CT	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Urology	Chest CT	Approval		NA	NA	4 days	1
28056 Wellcare By Allwell MAPD IN FI	Urology	Pelvis MRI	Approval		NA	NA	0 days	4
28056 Wellcare By Allwell MAPD IN FI	Urology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Urology	PET Scan with CT for Attenuation	Approval		NA	NA	2 days	1
28056 Wellcare By Allwell MAPD IN FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Vascular Surgery	Chest CT Angiography	Approval		NA	NA	0 days	2
28056 Wellcare By Allwell MAPD IN FI	Vascular Surgery	Neck CT Angiography	Approval		NA	NA	0 days	3
28595 Wellcare By Allwell DSNP IN FI	Neurology	Cervical Spine MRI	Admin Denial	Admin Closure	NA	NA	13 days	1
28595 Wellcare By Allwell DSNP IN FI	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	13 days	1
28595 Wellcare By Allwell DSNP IN FI	Pulmonary Medicine	Chest CT	Admin Denial	Eligibility Denied	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Advanced Practice Registered Nurse	Lumbar Spine MRI	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Advanced Practice Registered Nurse	Neck CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical Spine MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Facet Joint Block has been denied. • Medicare Local Coverage Determination (	NA	NA	14 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1

30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Knee MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	0 days	7
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine).	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	6
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	10 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	12 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	2 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	7 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Medicare Local Coverage Determination (LC	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	13 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	3 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Medicare Local Covera	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	7
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	10 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	12 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	13 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	7 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Pelvis MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Admin Denial	Admin Withdrawn	NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	2 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	3 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	7 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Medicare Local Coverage Determination (LCD) L394	NA	NA	9 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Admin Denial	Void	NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Insertion, Revision, or Removal	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Trial	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Anesthesiology	Spinal Cord Stimulator Trial	Clinical Denial	Your doctor's request for a(n) Spinal Cord Stimulator Trial has been denied. • Medicare National Coverage Determination (NCI	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Abdomen and Pelvis CT Angiography	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Brain CT Angiography	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Magne	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Chest CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Chest CT Angiography	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Chest CT Angiography	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Chest CT Angiography	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	CTA Coronary Arteries	Admin Denial	Admin Closure	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	CTA Coronary Arteries	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	CTA Coronary Arteries	Approval		NA	NA	9 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	CTA Coronary Arteries	Clinical Denial	• We denied your doctor's request for a CTA Coronary Arteries (Computed Tomographic Angiography - pictures of the blood ve	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Medicare Local Coverage Determination (LCD) L35121	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Heart CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Heart MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	14 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	24
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	6 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Neck CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Neck CT Angiography	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Magne	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Stress Echocardiogram	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Stress Echocardiogram	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Closure	NA	NA	13 days	1

30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	38
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	6 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Medicare National Coverage Determination (N	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Medicare National Coverage Determination (N	NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Medicare National Coverage Determination (N	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Medicare National Coverage Determination (N	NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Colon & Rectal Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Colon & Rectal Surgery	Pelvis MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Brain MRA	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Foot MRI (right)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Knee CT (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Emergency Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Emergency Medicine	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	14 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Emergency Medicine	Pelvis MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen and Pelvis CT	Admin Denial	Admin Closure	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	14 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	2 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen CT	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Abdomen MRI	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Gastroenterology	Chest CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	6
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen CT	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen MRI	Admin Denial	Admin Withdrawn	NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	6
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Clinical Denial	Your doctor's request for a(n) Abdominal Aorta CT Angiography with Lower Extremity Runoff has been denied. • Evolent Clinical	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain CT	Approval		NA	NA	0 days	9
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Comput	NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain CT Angiography	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain MRA	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	7
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	10 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	9 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 f	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Chest CT	Approval		NA	NA	0 days	7
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Chest CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Chest CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	CTA Coronary Arteries	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Hip MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Leg CT (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	2 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Medicare National Coverage Determ	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Neck CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Neck CT Angiography	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Neck MRA	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Orbits CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Pelvis CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Pelvis MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Pelvis MRI	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	PET Scan	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	PET Scan	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Shoulder MRI (right)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Medicare National Coverage Determination (NCD) 220.2	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Thorax CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	9

30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	General/Family Practice	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Mag	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Cervical Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	9
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	15 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Hip CT (left)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Hip MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Knee MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Knee MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Myocardial Perfusion Imaging	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	PET Scan	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	17
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Stress Echocardiogram	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Thoracic Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Infectious Diseases	Hip MRI (right)	Clinical Denial	• We denied your doctor's request for a Hip MRI (right) (Magnetic Resonance Imaging – pictures of inside your hip area). It mus	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdomen and Pelvis CT Angiography	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdomen CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain CT	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain CT Angiography	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain CT Angiography	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Magne	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Medicare National Co	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT	Admin Denial	Admin Closure	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT Angiography	Admin Denial	Admin Closure	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT Angiography	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	CTA Coronary Arteries	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Face CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Heart CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Heart CT	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Heart MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Hip CT (left)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Lumbar Spine MRI	Clinical Denial	• We denied your doctor's request for a Lumbar Spine MRI (Magnetic Resonance Imaging – pictures of inside your lower spine	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 fo	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	6
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Neck CT Angiography	Approval		NA	NA	2 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Neck CT Angiography	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Stress Echocardiogram	Admin Denial	Eligibility Denied	NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Nephrology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Nephrology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain CT Angiography	Clinical Denial	• We denied your doctor's request for a Brain CT Angiography (Computed Tomography Angiography - pictures of blood vessels	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain MRA	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion-Single Level	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical Posterior Decompression with Fusion – Multiple Levels	Admin Denial	Void	NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Hip MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Decompression	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Surge	NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a(n) Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	12 days	1

30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Spine CT	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Spine MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 fo	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Neck CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Neck CT Angiography	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Thoracic Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurological Surgery	Thoracic Spine MRI	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Comput	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain CT Angiography	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain CT Angiography	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRA	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Cervical Spine MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Cervical Spine MRI	Approval		NA	NA	4 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Lumbar Spine MRI	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Neck CT Angiography	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Neck MRA	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Thoracic Spine MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	OB/Gynecology	Heart CT	Clinical Denial	Your doctor's request for a(n) Heart CT has been denied. • Medicare Local Coverage Determination (LCD) L35121 (Local Cover	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	OB/Gynecology	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Ophthalmology	Orbits CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Oral/Maxillofacial	Face CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Cervical Spine MRI	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Cervical Spine MRI	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Hip CT (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Hip MRI (right)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee CT (left)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee CT (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee CT (right)	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee CT (right)	Approval		NA	NA	4 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	8 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Void	NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Multi-Level	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Multi-Level	Clinical Denial	Your doctor's request for a Lumbar Fusion - Multi-Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Single Level	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Single Level	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Fusion - Single Level	Clinical Denial	Your doctor's request for a(n) Lumbar Fusion - Single Level has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine	NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Pelvis CT	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Revision Knee Arthroplasty (left)	Clinical Denial	Your doctor's request for a(n) Revision Knee Arthroplasty (left) has been denied. • Medicare Local Coverage Determination (LC	NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder CT (left)	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder CT (right)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder CT (right)	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	4 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Medicare National Coverage Determination (NCD) 220.2	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	9 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	5 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Medicare Local Coverage Determin	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Medicare Local Coverage Determination (I	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Medicare Local Coverage Determination (I	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Admin Denial	Eligibility Denied	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	1 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	11 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	12 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	2 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (left)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Osteopath	Hip MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	7

30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen and Pelvis CT	Approval		NA	NA	2 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen CT	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen MRI	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdomen MRI	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Medicare National Coverage Determination (NCD) 220.2 for	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain CT	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain CT	Clinical Denial	• We denied your doctor's request for a Brain CT (Computed Tomography - pictures of inside your brain). It must be medically	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Comput	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Comput	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Comput	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRA	Admin Denial	Admin Withdrawn	NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Medicare National Co	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Medicare National Co	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Cervical Spine CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Cervical Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Cervical Spine MRI	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Cervical Spine MRI	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Cervical Spine MRI	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT	Approval		NA	NA	2 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	14 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT Angiography	Admin Denial	Admin Withdrawn	NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT Angiography	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT Angiography	Approval		NA	NA	2 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest CT Angiography	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest MRI	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Chest MRI	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	CTA Coronary Arteries	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Magnet	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Medicare National Coverage Determination (NCD) 220.2 for M	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Knee MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Knee MRI (right)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Low Dose CT for Lung Cancer Screening	Admin Denial	Admin Closure	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	11
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Medicare National Coverage Determ	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lower Extremity CT Angiography	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine CT	Admin Denial	Admin Withdrawn	NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	10
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine MRI	Approval		NA	NA	11 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine MRI	Approval		NA	NA	14 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine MRI	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 fo	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	7
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Neck CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Neck CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Pelvis CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Pelvis CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Pelvis MRI	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Sacroiliac Joint Injection	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Shoulder MRI (left)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Shoulder MRI (left)	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Medicare National Coverage Determination (NCD) 220.2 f	NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Shoulder MRI (right)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Sinus CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Stress Echocardiogram	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine CT	Admin Denial	Admin Withdrawn	NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 fo	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine MRI	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine MRI	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thoracic Spine MRI	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Thorax CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	19
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Transthoracic Echocardiogram	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Medicare National Coverage Determination (N	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Other	Upper Extremity CT (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	OTHER O/P DIAG TESTING	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	OTHER O/P DIAG TESTING	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	OTHER O/P DIAG TESTING	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	OTHER O/P DIAG TESTING	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Closure	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Medicare National Coverage Determination (NCD) 220.1 for Compu	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Neck CT	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Neck CT	Approval		NA	NA	13 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Neck MRI	Approval		NA	NA	0 days	1

30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Otolaryngology	Sinus CT	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Pediatrics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 f	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Clinical Denial	Your doctor's request for a(n) Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right) has been denied. • Evolent Clin	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Knee MRI (left)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Knee MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar Spine CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	0 days	7
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 fo	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Medicare Local Coverage Determinatior	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Medicare Local Coverage Determinat	NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Physical Medicine	Thoracic Spine MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Plastic Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Ankle CT (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Medicare National Coverage Determination (NCD) 220.2 for M	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Ankle MRI (right)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Medicare National Coverage Determination (NCD) 220.2 for	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Cervical/Thoracic Transforaminal Epidural	Admin Denial	Admin Closure	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Foot MRI (left)	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Foot MRI (right)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Podiatry	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Preventitive Medicine	Brain CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Preventitive Medicine	Cervical Spine CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Preventitive Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	8
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Chest CT	Approval		NA	NA	5 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Chest CT	Approval		NA	NA	6 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Chest CT	Approval		NA	NA	8 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	6
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	PET Scan with CT for Attenuation	Admin Denial	Eligibility Denied	NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Shoulder MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Thorax CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	Brain CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	Neck CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	Pelvis MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Radiology	Pelvis CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Rheumatology	Cervical Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Sports Medicine	Knee MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Sports Medicine	Lumbar Spine MRI	Approval		NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Abdomen and Pelvis CT	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Medicare National Coverage Determination (NCD) 22	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Abdomen CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Breast MRI (Single or Bilateral)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Chest CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Chest CT	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	CT (Virtual) Colonoscopy for Diagnostic	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Foot CT (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Neck CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	Pelvis CT	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgery	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Surgical Oncology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Thoracic Surgery	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Thoracic Surgery	Chest CT Angiography	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Thoracic Surgery	Heart CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Thoracic Surgery	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Thoracic Surgery	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Ankle CT (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Cervical Spine MRI	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Cervical/Thoracic Facet Joint Block	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Chest CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Chest CT	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	CTA Coronary Arteries	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	CTA Coronary Arteries	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Heart CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Heart CT	Approval		NA	NA	10 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Heart PET Scan	Clinical Denial	Your doctor's request for a(n) Heart PET Scan has been denied. • Medicare National Coverage Determination (NCD) 220.6.1 for	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Hip MRI (right)	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar Decompression	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar Microdiscectomy	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar Spine MRI	Approval		NA	NA	0 days	4
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	13 days	1

30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Neck CT Angiography	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Neck MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Sacroiliac Joint Injection	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Sinus CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Spinal Cord Stimulator Trial	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Thoracic Spine MRI	Approval		NA	NA	4 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	11 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	7 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Abdomen CT	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Abdomen CT	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Abdomen MRI	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Ma	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Chest CT	Approval		NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Pelvis CT	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Pelvis MRI	Approval		NA	NA	0 days	5
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Pelvis MRI	Approval		NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Pelvis MRI	Approval		NA	NA	5 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Pelvis MRI	Approval		NA	NA	6 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Magne	NA	NA	13 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	PET Scan	Approval		NA	NA	0 days	2
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	PET Scan	Approval		NA	NA	2 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Thoracic Spine MRI	Approval		NA	NA	0 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 for May	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Urology	Unlisted MRI	Clinical Denial	Your doctor's request for a(n) Unlisted MRI has been denied. • Medicare National Coverage Determination (NCD) 220.2 for Mag	NA	NA	12 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	3
30213 Wellcare By Allwell MAPD IN FI PPO	Vascular Surgery	Chest CT Angiography	Approval		NA	NA	3 days	1
30213 Wellcare By Allwell MAPD IN FI PPO	Vascular Surgery	Neck CT Angiography	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Advanced Practice Registered Nurse	Chest CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Allergy & Immunology	Chest CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Allergy & Immunology	Sinus CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Approval		NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar Spine CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was use	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Neck MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Anesthesiology	Sacroiliac Joint Injection	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiac Surgery	Chest CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Chest CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	CTA Coronary Arteries	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 062 for Coronary CT Angiogr	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Heart CT	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Heart MRI	Approval		NA	NA	2 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Heart PET Scan with CT for Attenuation	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Myocardial Perfusion Imaging	Approval		NA	NA	5 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial P	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Stress Echocardiogram	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiog	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transesophageal Echocardiogram	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	41
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Cardiology	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Chiropractic Medicine	Cervical Spine MRI	Approval		NA	NA	0 days	1

30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Chiropractic Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Abdomen and Pelvis CT	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Abdomen MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Ankle MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Ankle MRI (right)	Approval		NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Cervical Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Chest CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Knee MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Knee MRI (right)	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Lower Extremity CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	MRCP (Magnetic Resonance Cholangiopancreatography)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Shoulder MRI (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Sinus CT	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Thoracic Spine CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Thorax CT	Clinical Denial	Your doctor's request for a(n) Thorax CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Doctors and Rehabilitation	Wrist MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Emergency Medicine	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Emergency Medicine	Foot MRI (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Emergency Medicine	Foot MRI (right)	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Emergency Medicine	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Emergency Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Emergency Medicine	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Endocrinology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Abdomen MRI	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gastroenterology	Pelvis MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	0 days	10
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen MRI	Approval		NA	NA	5 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Ankle MRI (left)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain CT	Approval		NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	8
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Cervical Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	0 days	8
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Chest CT	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Chest MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Face CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Foot MRI (left)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Hip MRI (left)	Clinical Denial	Your doctor's request for a(n) Hip MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was us	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Knee MRI (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Knee MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Knee MRI (right)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	8
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	1 days	1

30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Sinus CT	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Stress Echocardiogram	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Thoracic Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Thorax CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	0 days	6
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Approval		NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	• We denied your doctor's request for a Transthoracic Echocardiogram (pictures of inside your heart). It must be medically neec	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	General/Family Practice	Upper Extremity Joint MRI (left)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gynecologic Oncology	Abdomen MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Gynecologic Oncology	Abdomen MRI	Clinical Denial	• We denied your doctor's request for a Abdomen MRI (Magnetic Resonance Imaging – pictures of inside your belly area). It mus	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Abdomen and Pelvis CT	Approval		NA	NA	0 days	28
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Abdomen MRI	Approval		NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Chest CT	Approval		NA	NA	0 days	30
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Chest CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Lumbar Spine MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Neck CT	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Neck CT	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	PET Scan with CT for Attenuation	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Thorax CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Hematologist/Oncologist	Transthoracic Echocardiogram	Approval		NA	NA	0 days	6
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Infectious Diseases	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Abdomen and Pelvis CT	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Abdomen CT	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Abdomen MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Ankle MRI (right)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Chest CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Chest CT	Approval		NA	NA	0 days	6
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	CTA Coronary Arteries	Clinical Denial	• We denied your doctor's request for a CTA Coronary Arteries (Computed Tomographic Angiography - pictures of the blood ves	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Lower Extremity MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Neck CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Orbits MRI	Clinical Denial	Your doctor's request for a(n) Orbits MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inte	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Stress Echocardiogram	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Thorax CT	Approval		NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transesophageal Echocardiogram	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Internal Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Interventional Radiologists	Lumbar Spine MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Interventional Radiologists	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Nephrology	Abdomen CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Brain CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resu	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Cervical Spine CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Cervical Spine MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Lumbar Fusion - Single Level	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Lumbar Microdiscectomy	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Lumbar Microdiscectomy	Clinical Denial	Your doctor's request for a(n) Lumbar Microdiscectomy has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Su	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Lumbar Spine CT	Clinical Denial	Your doctor's request for a(n) Lumbar Spine CT has been denied. • Evolent Clinical Guideline 045 for Lumbar Spine CT was used	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	2

30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Neck MRA	Clinical Denial	Your doctor's request for a(n) Neck MRA has been denied. • Evolent Clinical Guideline 012-2 for Neck MRA was used to make th	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Thoracic Spine CT	Clinical Denial	Your doctor's request for a(n) Thoracic Spine CT has been denied. • Evolent Clinical Guideline 043 for Thoracic Spine CT was us	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurological Surgery	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Brain CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Brain CT Angiography	Clinical Denial	Your doctor's request for a(n) Brain CT Angiography has been denied. • Evolent Clinical Guideline 004-1 for Brain CTA was used	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Brain MRA	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Brain MRA	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Cervical Spine MRI	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Lumbar Spine MRI	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Neurology	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	OB/Gynecology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	OB/Gynecology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	OB/Gynecology	Lumbar Spine MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	OB/Gynecology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Ophthalmology	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Ophthalmology	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Oral/Maxillofacial	Face CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Ankle CT (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Ankle MRI (left)	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Ankle MRI (left)	Clinical Denial	• We denied your doctor's request for a Ankle MRI (left) (Magnetic Resonance Imaging – pictures of inside your ankle). It must b	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Ankle MRI (left)	Clinical Denial	Your doctor's request for a(n) Ankle MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Cervical ACDF- Anterior Decompression with Fusion- Multiple Level	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Cervical Spine CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Cervical/Thoracic Transforaminal Epidural	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Elbow MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Elbow MRI (right)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI wa	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Foot CT (right)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Foot MRI (right)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Hand MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Hip MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Hip MRI (right)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee CT (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Ligament Reconstruction/Repair (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Ligament Reconstruction/Repair (right)	Clinical Denial	The requested Knee Ligament Reconstruction/Repair (right) can't be approved at this time. • A surgeon made this decision bas	NA	NA	5 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left)	Clinical Denial	• We denied your doctor's request for a Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (left) (Knee Surgery). It must	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (right)	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee MRI (left)	Approval		NA	NA	0 days	9
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee MRI (right)	Admin Denial	Void	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee MRI (right)	Approval		NA	NA	0 days	7
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Knee MRI (right)	Clinical Denial	Your doctor's request for a(n) Knee MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Decompression	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Decompression	Clinical Denial	Your doctor's request for a(n) Lumbar Decompression has been denied. • Evolent Clinical Guideline 1766 for Lumbar Spine Sur	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Fusion - Multi-Level	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine MRI	Approval		NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was us	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Revision Knee Arthroplasty (right)	Admin Denial	Admin Withdrawn	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Revision Knee Arthroplasty (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Revision/Conversion Hip Arthroplasty (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Revision/Conversion Hip Arthroplasty (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder CT (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Labral Repair (left)	Clinical Denial	The requested Shoulder Labral Repair (left) can't be approved at this time. • A surgeon made this decision based on a review of	NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Labral Repair (right)	Admin Denial	Void	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder MRI (left)	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder MRI (right)	Approval		NA	NA	0 days	8
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (right)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (right)	Admin Denial	Void	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Rotator Cuff Repair (right)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (right) has been denied. • Evolent Clinical Guideline 1770 for Shoulo	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Surgery Other (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Surgery Other (right)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Shoulder Surgery Other (right)	Clinical Denial	The requested Shoulder Surgery Other (right) can't be approved at this time. • A surgeon made this decision based on a review	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Hip Arthroplasty/Resurfacing (left)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (left) has been denied. • Evolent Clinical Guideline 1761 for Hi	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Hip Arthroplasty/Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total Hip Arthroplasty/Resurfacing (right) has been denied. • Evolent Clinical Guideline 1761 for H	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	• We denied your doctor's request for a Total Knee Arthroplasty (TKA) (left) (Knee Surgery). It must be medically needed in orde	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Knee Arthroplasty (TKA) (left)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (left) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total Knee Arthroplasty (TKA) (right)	Clinical Denial	Your doctor's request for a(n) Total Knee Arthroplasty (TKA) (right) has been denied. • Evolent Clinical Guideline 1763 for Knee A	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Total/Reverse Shoulder Arthroplasty or Resurfacing (right)	Clinical Denial	Your doctor's request for a(n) Total/Reverse Shoulder Arthroplasty or Resurfacing (right) has been denied. • Evolent Clinical Gu	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Wrist MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Wrist MRI (left)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was u	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Wrist MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Orthopedics	Wrist MRI (right)	Clinical Denial	Your doctor's request for a(n) Wrist MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Approval		NA	NA	0 days	14
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Approval		NA	NA	1 days	2

30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area), It r	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT Angiography	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen CT	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen MRI	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdomen MRI	Clinical Denial	Your doctor's request for a(n) Abdomen MRI has been denied. • Evolent Clinical Guideline 031 for Abdomen MRI, MRCP (Magne	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain CT	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain MRA	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	6
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Brain MRI (with or without Internal Auditory Canal views)	Clinical Denial	Your doctor's request for a(n) Brain MRI (with or without Internal Auditory Canal views) has been denied. • Evolent Clinical Guid	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Chest CT	Approval		NA	NA	0 days	8
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Chest CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Chest CT Angiography	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	mputerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized Tomo	Clinical Denial	Your doctor's request for a(n) CT (Computerized Tomography) Coronary Calcification (EBCT - Electron Beam Computerized To	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	CTA Coronary Arteries	Clinical Denial	Your doctor's request for a(n) CTA Coronary Arteries has been denied. • Evolent Clinical Guideline 082 for Coronary CT Angiogr	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Elbow MRI (left)	Clinical Denial	Your doctor's request for a(n) Elbow MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI was	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Follow-up, Limited, or Localized CT	Clinical Denial	Your doctor's request for a(n) Follow-up, Limited, or Localized CT has been denied. • Evolent Clinical Guideline 009 for Sinus Ma	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Hand MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Heart MRI	Clinical Denial	Your doctor's request for a(n) Heart MRI has been denied. • Evolent Clinical Guideline 028 for Heart MRI was used to make this	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Hip CT (left)	Clinical Denial	Your doctor's request for a(n) Hip CT (left) has been denied. • Evolent Clinical Guideline 057-2 for Lower Extremity CT was used	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Knee MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Lumbar Spine MRI	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Myocardial Perfusion Imaging	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Neck CT	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Neck MRA	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Orbits MRI	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Pelvis MRI	Approval		NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Shoulder MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Sinus CT	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Stress Echocardiogram	Clinical Denial	Your doctor's request for a(n) Stress Echocardiogram has been denied. • Evolent Clinical Guideline 026 for Stress Echocardiogr	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Thoracic Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Thoracic Spine MRI	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Thorax CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Transthoracic Echocardiogram	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Transthoracic Echocardiogram	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Transthoracic Echocardiogram	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthorac	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Upper Extremity CT (left)	Clinical Denial	Your doctor's request for a(n) Upper Extremity CT (left) has been denied. • Evolent Clinical Guideline 057-1 for Upper Extremity	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Other	Wrist MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Face MRI	Clinical Denial	Your doctor's request for a(n) Face MRI has been denied. • Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Inter	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Internal Auditory Canal CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Neck CT	Clinical Denial	Your doctor's request for a(n) Neck CT has been denied. • Evolent Clinical Guideline 008-1 for Neck CT was used to make this d	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Neck MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Neck MRI	Approval		NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Sinus CT	Approval		NA	NA	0 days	8
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Sinus CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Sinus CT	Clinical Denial	Your doctor's request for a(n) Sinus CT has been denied. • Evolent Clinical Guideline 009 for Sinus Maxillofacial CT was used to	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Otolaryngology	Temporal Bone CT	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pediatrics	Brain CT	Clinical Denial	Your doctor's request for a(n) Brain CT has been denied. • Evolent Clinical Guideline 002 for Brain CT was used to make this dec	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pediatrics	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pediatrics	Myocardial Perfusion Imaging	Clinical Denial	Your doctor's request for a(n) Myocardial Perfusion Imaging has been denied. • Evolent Clinical Guideline 024 for Myocardial Pe	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pediatrics	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Cervical Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Cervical/Thoracic Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Cervical/Thoracic Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Knee CT (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Knee MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Knee MRI (left)	Clinical Denial	Your doctor's request for a(n) Knee MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	1 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Interlaminar Epidural	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	2 days	1

30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Lumbar/Sacral Transforaminal Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Transforaminal Epidural has been denied. • Evolent Clinical Guideline 1750 for Ep	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	MRCP (Magnetic Resonance Cholangiopancreatography)	Clinical Denial	Your doctor's request for a(n) MRCP (Magnetic Resonance Cholangiopancreatography) has been denied. • Evolent Clinical Gui	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Sacroiliac Joint Injection	Clinical Denial	Your doctor's request for a(n) Sacroiliac Joint Injection has been denied. • Evolent Clinical Guideline 1756 for Sacroiliac Joint In	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Shoulder MRI (left)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (left) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI w	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Shoulder MRI (right)	Clinical Denial	Your doctor's request for a(n) Shoulder MRI (right) has been denied. • Evolent Clinical Guideline 057-3 for Upper Extremity MRI	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-OT	Approval		NA	NA	0 days	21
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-OT	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	• The service performed Therapy-OT must be medically needed in order to be covered. • We made this decision using the Evole	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-OT	Clinical Denial	Your provider's request for occupational therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keepir	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Approval		NA	NA	0 days	59
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Approval		NA	NA	1 days	12
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Approval		NA	NA	3 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record K	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping ar	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping ar	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping ar	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping ar	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurat	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpatier	NA	NA	11 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	8 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1506 for Outpatien	NA	NA	8 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurab	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evole	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	• The service performed Therapy-PT must be medically needed in order to be covered. • We made this decision using the Evole	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1500 for Active Procedures i	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1507 for Passive Treatment;	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 1510 for Record Keeping an	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been denied. • We used Evolent Clinical Guideline 606-01 for Record Keeping a	NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurabl	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1504 for Measurabl	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-PT	Clinical Denial	Your provider's request for physical therapy has been partially denied. • We used Evolent Clinical Guideline 1510 for Record Ke	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	0 days	7
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	3 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Approval		NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been partially denied. • We used Evolent Clinical Guideline 1505 for Outpatient	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Physical Medicine	Therapy-ST	Clinical Denial	Your provider's request for speech therapy has been denied. • We used Evolent Clinical Guideline 1505 for Outpatient Habilitat	NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Ankle MRI (left)	Admin Denial	Admin Closure	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Ankle MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Foot CT (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Foot MRI (left)	Admin Denial	Admin Closure	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Foot MRI (left)	Clinical Denial	Your doctor's request for a(n) Foot MRI (left) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Foot MRI (right)	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Podiatry	Foot MRI (right)	Clinical Denial	Your doctor's request for a(n) Foot MRI (right) has been denied. • Evolent Clinical Guideline 057-4 for Lower Extremity MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	6 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Chest CT	Approval		NA	NA	0 days	5
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Neck CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Neck CT Angiography	Clinical Denial	Your doctor's request for a(n) Neck CT Angiography has been denied. • Evolent Clinical Guideline 012-1 for Neck CTA was used	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Thorax CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Transthoracic Echocardiogram	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Pulmonary Medicine	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiation Oncology	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiation Oncology	Chest CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiation Oncology	PET Scan with CT for Attenuation	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiation Oncology	Sinus CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO Fl	Radiology	Lumbar/Sacral Interlaminar Epidural	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Interlaminar Epidural has been denied. • Evolent Clinical Guideline 1751 for Epidu	NA	NA	2 days	1

30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Radiology	Sinus CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Rheumatology	Abdomen and Pelvis CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Rheumatology	Chest CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Sports Medicine	Ankle MRI (left)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Sports Medicine	Elbow MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Sports Medicine	Knee MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Sports Medicine	Knee MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	• We denied your doctor's request for a Abdomen and Pelvis CT (Computed Tomography - pictures of inside your belly area). It r	NA	NA	1 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	7 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Surgery	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Surgery	Abdomen CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Surgery	Shoulder MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Thoracic Surgery	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Thoracic Surgery	Chest CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Thoracic Surgery	Chest CT Angiography	Clinical Denial	• We denied your doctor's request for a Chest CT Angiography (Computed Tomography Angiography- pictures of blood vessels i	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Thoracic Surgery	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Radiofrequency Neurolysis has been denied. • Evolent Clinical Guideli	NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Abdomen and Pelvis CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Abdomen CT	Clinical Denial	Your doctor's request for a(n) Abdomen CT has been denied. • Evolent Clinical Guideline 030 for Abdomen CT was used to make	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Brain MRA	Clinical Denial	Your doctor's request for a(n) Brain MRA has been denied. • Evolent Clinical Guideline 004-2 for Brain MRA MRV (Magnetic Resc	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Brain MRI (with or without Internal Auditory Canal views)	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Cervical Spine MRI	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Cervical Spine MRI	Clinical Denial	Your doctor's request for a(n) Cervical Spine MRI has been denied. • Evolent Clinical Guideline 040 for Cervical Spine MRI was u	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Chest CT	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Chest CT	Clinical Denial	Your doctor's request for a(n) Chest CT has been denied. • Evolent Clinical Guideline 020 for Chest (Thorax) CT was used to ma	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Knee MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Low Dose CT for Lung Cancer Screening	Clinical Denial	Your doctor's request for a(n) Low Dose CT for Lung Cancer Screening has been denied. • Evolent Clinical Guideline 020-1 for L	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Lumbar Spine MRI	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Approval		NA	NA	0 days	2
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Lumbar/Sacral Facet Joint Block	Clinical Denial	Your doctor's request for a(n) Lumbar/Sacral Facet Joint Block has been denied. • Evolent Clinical Guideline 1753 for Paraverte	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	Approval		NA	NA	4 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Lumbar/Sacral Transforaminal Epidural	Approval		NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Shoulder MRI (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Shoulder MRI (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Shoulder Rotator Cuff Repair (left)	Clinical Denial	Your doctor's request for a(n) Shoulder Rotator Cuff Repair (left) has been denied. • Evolent Clinical Guideline 1770 for Shoulde	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Shoulder Surgery Other (right)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Thoracic Spine MRI	Clinical Denial	Your doctor's request for a(n) Thoracic Spine MRI has been denied. • Evolent Clinical Guideline 042 for Thoracic Spine MRI was	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Total Knee Arthroplasty (TKA) (left)	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Transthoracic Echocardiogram	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Transthoracic Echocardiogram	Approval		NA	NA	0 days	3
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Unknown	Transthoracic Echocardiogram	Clinical Denial	Your doctor's request for a(n) Transthoracic Echocardiogram has been denied. • Evolent Clinical Guideline 067 for Transthoraci	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	Abdomen and Pelvis CT	Approval		NA	NA	0 days	4
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	Abdomen and Pelvis CT	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT has been denied. • Evolent Clinical Guideline 068 for Abdomen Pelvis CT	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	Chest CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	Lumbar Spine MRI	Clinical Denial	Your doctor's request for a(n) Lumbar Spine MRI has been denied. • Evolent Clinical Guideline 044 for Lumbar Spine MRI was u	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	Pelvis CT	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	Pelvis MRI	Clinical Denial	Your doctor's request for a(n) Pelvis MRI has been denied. • Evolent Clinical Guideline 037 for Pelvis MRI was used to make this	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	PET Scan	Clinical Denial	Your doctor's request for a(n) PET Scan has been denied. • Evolent Clinical Guideline 070-1 for PET Scan was used to make thi	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	PET Scan with CT for Attenuation	Admin Denial	Admin Withdrawn	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Sca	NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Urology	PET Scan with CT for Attenuation	Clinical Denial	Your doctor's request for a(n) PET Scan with CT for Attenuation has been denied. • Evolent Clinical Guideline 070-1 for PET Scar	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Vascular Surgery	Abdomen and Pelvis CT Angiography	Clinical Denial	Your doctor's request for a(n) Abdomen and Pelvis CT Angiography has been denied. • Evolent Clinical Guideline 069 for Abdom	NA	NA	1 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Vascular Surgery	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Approval		NA	NA	3 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Vascular Surgery	Chest CT Angiography	Approval		NA	NA	0 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Vascular Surgery	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	2 days	1
30635 Ambetter Health Solutions from Managed Health Services - HMO FI	Vascular Surgery	Chest CT Angiography	Clinical Denial	Your doctor's request for a(n) Chest CT Angiography has been denied. • Evolent Clinical Guideline 022-1 for Chest CTA was use	NA	NA	3 days	1