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| --- | --- | --- | --- | --- | --- |
| Patient Name: | | | System ID: | | Subscriber ID#: |
| FCR Title: | | Generic Medication Form    Medication to be reviewed: | | | |
| MD Determination: | | | | APPROVE  DENY  MODIFY  UPHOLD | |
| Principal Reason (Main Reason for Determination) | | | | | |
|  | A Physician Advisor has reviewed the information provided and determined that the requested service(s) would not be covered as medically necessary.    (EOB JLK MD Not Medically Necessary)(EOB JLK MD Not Medically Necessary)(EOB JLK MD Not Medically Necessary) | | | | |
|  | A Physician Advisor has reviewed the information provided and determined by national standards as investigational or experimental and therefore, is not covered.<span style="font-family: "Century Gothic"; font-size: 13.3333px; font-style: italic; background-color: rgb(84, 141, 212);">(EOB JLK MD Not Medically Necessary)</span>    (EOB J5X MD determined that the service or item is identified by national standards as investigational or experimental and therefore is not covered.) | | | | |
| Clinical Rationale (Supporting Rationale for Principal Reason): | | | | | |
| Medical Necessity or Investigational/Experimental | | | | | |
|  | The patient’s condition does not meet the criteria for the use of as established by scientific evidence.  The criteria or resource used in making this decision is:  UpToDate <https://www.uptodate.com/home>  Hayes, Inc <https://www.hayesinc.com/>  Food and Drug Administration <https://www.fda.gov/Drugs/default.htm>  National Comprehensive Cancer network, (NCCN) <https://www.nccn.org/>  Other: | | | | |
|  | The medical need for has not been established following review of the documentation submitted.  Please submit the supporting documentation:  Doctors’ progress notes  Doctors' Orders  Admitting History and Physical report  Discharge Summary  Operative Report and Implant Log  Other | | | | |
| Quantity | | | | | |
|  | The quantity of the following medication(s) does not conform to the usual clinical practice nor manufacturer's recommendations.  The criteria or resource used in making this decision is:  UpToDate <https://www.uptodate.com/home>  Hayes, Inc <https://www.hayesinc.com/>  Food and Drug Administration <https://www.fda.gov/Drugs/default.htm>  National Comprehensive Cancer network, (NCCN) <https://www.nccn.org/>  Other: | | | | |
| Other | | | | | |
|  |  | | | | |

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