

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Incomplete clinical information was submitted on the web. Please return to your web request and complete the submission of clinical information. The additional information is necessary to review your request for medical necessity and may include any of the following: current signs and symptoms, prior diagnostic studies and results, prior clinical management of the patient, and medications with dose and duration. Failure to complete the clinical submission will result in this request being non certified as the Clinical history and indications are incomplete and as such, fail to meet medical necessity criteria. The prior authorization you submitted, Case A265180970, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name: Provider Address:	<div></div>	Contact: Phone Number: Fax Number:	RISA (732) 828-9570 (732) 828-7638
Patient Name: Insurance Carrier:		Patient Id:	<div></div>
Site Name: Site Address:	ROBERT WOOD JOHNSON MEDIC -- RWJ BARNABAS HEALTH 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901	Site ID:	S03133
Primary Diagnosis Code: Secondary Diagnosis Code: Date of Service: CPT Code: Case Number: Review Date: Expiration Date: Status:	C79.51 Not provided 78813 1259269473 1/23/2026 9:07:53 AM N/A Incomplete clinical information was submitted on the web. Please return to your web request and complete the submission of clinical information. The additional information is necessary to review your request for medical necessity and may include any of the following: current signs and symptoms, prior diagnostic studies and results, prior clinical management of the patient, and medications with dose and duration. Failure to complete the clinical submission will result in this request being non certified as the Clinical history and indications are incomplete and as such, fail to meet medical necessity criteria. The prior authorization you submitted, Case A265180970, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.	Description: Description: Description:	Secondary malignant neoplasm of bone PET WHOLE BODY

CANCEL

PRINT

CONTINUE