

✓ **AUTHORIZATION APPROVED**

Authorization Details

| AUTHORIZATION INFORMATION | |
|---------------------------|-----------------------------|
| Authorization Number | AUTH-2024-MRI-78345 |
| Authorization Status | APPROVED |
| Issue Date | November 20, 2024 |
| Effective Date | November 20, 2024 |
| Expiration Date | February 18, 2025 (90 days) |
| Decision Date | November 20, 2024 |
| Decision Method | Clinical Review - Approved |

| MEMBER INFORMATION | |
|--------------------|-------------------------|
| Member Name | Jennifer L. Martinez |
| Member ID | UHC-5839274 |
| Date of Birth | August 14, 1972 |
| Group Number | TFSI2024 |
| Group Name | TechFlow Solutions Inc. |

| REQUESTING PROVIDER | |
|---------------------|-------------------------------|
| Requesting Provider | Michael J. Roberts, MD |
| Provider NPI | 1847362951 |
| Specialty | Orthopedic Surgery |
| Practice | Austin Orthopedic Specialists |
| Phone | (512) 555-4200 |
| Fax | (512) 555-4201 |

| APPROVED SERVICING FACILITY | |
|-----------------------------|--|
| Servicing Facility | Austin Advanced Imaging Center |
| Facility NPI | 1629384750 |
| Facility Type | Outpatient Imaging Center |
| Address | 9500 Research Boulevard, Suite 100, Austin, TX 78759 |
| Network Status | IN-NETWORK |

Authorized Services

| CPT Code | Description | Units | Modifier |
|----------|---|-------|------------|
| 73721 | MRI, any joint of lower extremity; without contrast | 1 | RT (Right) |

DIAGNOSIS & CLINICAL INFORMATION

| | |
|------------------------|---|
| Primary Diagnosis | M23.21 - Derangement of medial meniscus, right knee |
| Secondary Diagnosis | M25.561 - Pain in right knee |
| Clinical Indication | Chronic right knee pain with mechanical symptoms |
| Conservative Treatment | 6 weeks physical therapy completed, NSAIDs trial |

Clinical Justification Summary

Patient is a 52-year-old female with 4-month history of right knee pain following a twisting injury. Physical examination reveals positive McMurray test and joint line tenderness. X-rays show no fracture or significant arthritis. Patient completed 6 weeks of physical therapy with minimal improvement. MRI is indicated to evaluate for suspected medial meniscus tear and guide treatment planning. *Clinical criteria met per UHC Medical Policy: Knee MRI - Meniscal Pathology (Policy #2024-RAD-0234)*

Authorization Terms

This authorization is subject to the following conditions: 1. Service must be rendered within the authorization validity period 2. Service must be performed by the approved facility 3. CPT code and diagnosis must match this authorization 4. Member must be eligible on the date of service 5. Authorization does not guarantee payment - standard benefit terms apply 6. Include authorization number on claim submission (REF*G1 segment)

Provider Instructions

When submitting the claim, include the authorization number in the EDI 837 Loop 2300 REF segment:

REF*G1*AUTH-2024-MRI-78345~

Authorization Contact: 1-800-555-PRIOR (7746) | **Fax:** 1-800-555-7747 | **Web:** provider.uhc.com

This authorization was processed on November 20, 2024 at 2:34 PM CST