

UnitedHealthcare

Prior Authorization Approval

✓ 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