Prior Authorization Documentation Standards

Clinical Documentation

Updated November 6, 2026

©2026 Centene Corporation. All rights reserved.

7722268NA_6PCADCARDULMKTODME
Approved 11122026

IMPORTANT NOTICE

These **Clinical Documentation Standards** are published by Centene and its health plans in partnership with AHIP and other health insurance companies as part of a commitment to promote greater consistency, transparency, and efficiency in prior authorization submissions. The standards describe clinical information that may be requested when prior authorization is required for an applicable service and are intended solely to support standardized documentation practices.

These standards are not a prior authorization list. The inclusion of a CPT code, HCPCS code, service, procedure, diagnosis, or clinical documentation standard within this document does not indicate that prior authorization is required by Centene or any Centene-affiliated health plan.

Prior authorization requirements vary by product, market, line of business, state-specific regulations, benefit design, provider contract, and other applicable program requirements. Providers should consult the most current Prior Authorization List, provider manual, and applicable plan-specific policies to determine whether prior authorization is required for a particular service.

Prior authorization requirements are subject to change and may be updated periodically. Providers should rely on the most current plan-specific resources when determining authorization requirements.

Compliance with these documentation standards does not guarantee approval of a prior authorization request or establish coverage eligibility. Coverage determinations remain subject to applicable benefit plans, medical policies, clinical review criteria, and all governing program requirements.

If these standards conflict with applicable federal or state laws or regulations, benefit plan documents, provider agreements, medical policies, utilization management requirements, or other governing program requirements, those authorities take precedence over these standards.

About AHIP

AHIP is the national trade association representing the health insurance industry. AHIP's members provide health care coverage, services and solutions to more than 200 million Americans. AHIP is committed to market-based solutions and public-private partnerships that make high-quality coverage and care more affordable, accessible and equitable for everyone. Learn more at ahip.org.

About Centene Corporation

Centene Corporation, a Fortune 500 company, is a leading healthcare enterprise that is committed to helping people live healthier lives. The Company takes a local approach with local teams to provide fully integrated, high-quality, and cost-effective services to government-sponsored and commercial healthcare programs, focusing on under-insured individuals. Centene offers affordable and high-quality products to more than 1 in 15 individuals across the nation, including Medicaid and Medicare members (including Medicare Prescription Drug Plans) as well as individuals and families served by the Health Insurance Marketplace.

Table of Contents

Advanced Imaging 5
- Breast MRI 5
- Cardiac CT 6
- Cardiac MRI 7
- Cardiac PET 8
- CT Abdomen 9
- CT Chest 10
- CT Head & Neck 11
- CT Musculoskeletal 12
- CT Pelvis 13
- CT Spine 14
- CT/MRI Angiogram Head and Neck 15
- Echocardiography (ECHO) 16
- MRI Abdomen 17
- MRI Chest 18
- MRI Head & Neck 19
- MRI Musculoskeletal 20
- MRI Pelvis 21
- MRI Spine 22
- Nuclear Cardiac Imaging 23
- PET CT 24

Cardiology & Vascular 25
- Diagnostic Heart Catheterization 25
- Pacemaker & Defibrillator 26
- Varicose Veins 27
- Vascular Embolization 28
- Watchman Procedure 29

Cosmetic & Reconstructive 30
- Breast Reconstruction 30
- Breast Reduction 31
- Cochlear Implants 32
- Eye Reconstructive 33

Musculoskeletal & Orthopedics 34
- Artificial Disc Replacement - Cervical & Lumbar 34
- Bone Stimulators 35
- Chiari Malformation Surgery 36
- Hip Arthroscopy 37
- Knee Arthroscopy 38
- Major Shoulder 39
- Manipulation Under Anesthesia 40
- Percutaneous Vertebral Augmentation 41
- Rotator Cuff Repair 42
- Scoliosis Bracing 43
- Shoulder Arthroscopy 44
- Spinal Fusion, Decompression, Laminectomies, and Scoliosis Surgeries – Cervical, Lumbar, Thoracic 45
- Total Elbow Arthroplasty 46

Total Hip Arthroplasty 47
Total Knee Arthroplasty 48
Pain Management & Neurology 49
Deep Brain Stimulation 49
Electric Nerve Stimulators - Implanted Spinal Cord 50
Electric Nerve Stimulators - Treatment of Pain and Muscle Rehabilitation 51
Interventional Pain Injections 52
Neurolytic Destruction of the Trigeminal Nerve 53
Phrenic Nerve Stimulators 54
Sacral Nerve Stimulators for Urinary Incontinence 55
Transcranial Magnetic Stimulation (TMS) 56
Vagus Nerve Stimulation 57
Specialty Services 58
Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds 58
Continuous Glucose Monitoring 59
Diagnosis and Treatment of Impotence 60
Esophagogastroduodenoscopy (EGD) 61
High-Intensity Focused Ultrasound (HIFU) – Prostate 62
Home Care 63
Hypoglossal Nerve Stimulation (HGNS) for Obstructive Sleep Apnea 64
Infertility Services 65
Nasal & Sinus Endoscopy 66
Pneumatic & Non-Pneumatic Compression Devices 67
Mobility Devices, Options and Accessories 68
Sleep Studies 69
Urinary Incontinence Control Devices 70

Advanced Imaging

Breast MRI

Procedure Codes: 76390, 77046-77049

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Working Diagnosis	Working diagnosis prompting requested image
6	Preoperative Planning	Preoperative planning documentation if relevant
7	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
11	Predisposition to Malignancy	Predisposition(s) to breast cancer (e.g., family history, atypia on biopsy, breast density, elevated risk score on accepted risk calculator)
12	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical Examination	Physical examination and relevant findings

Cardiac CT

Procedure Codes: 75571-75574, 75577, 75580, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of CAD	Positive history of CAD, (e.g., prior catheterization or CCTA dates, percent stenosis, vessel location, revascularization result)
11	Risk of CAD	Results of CV risk assessment
12	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
13	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
14	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	ECG report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
17	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
18	Physical Examination	Physical examination and relevant findings

Cardiac MRI

Procedure Codes: 75557, 75559, 75561, 75563, 75565, 0899T, 0900T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	History of CAD	Positive history of CAD, (e.g., prior catheterization or CCTA dates, percent stenosis, vessel location, revascularization result)
14	Risk of CAD	Results of CV risk assessment
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	ECG Report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
17	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
18	Physical Examination	Physical examination and relevant findings

Cardiac PET

Procedure Codes: 78429-78434, 78459, 78491, 78492

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Preoperative Planning	Preoperative planning documentation, if relevant
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
7	Working Diagnosis	Working diagnosis prompting requested service
8	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
9	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
10	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
11	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings

CT Abdomen

Procedure Codes: 74150, 74160, 74170, 74174-74178, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Contrast Allergy	Allergy To Contrast (Y/N)?
4	Pregnancy Status	Pregnancy status
5	Renal Function Test Results	An assessment of renal status (e.g.: lab results)
6	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
7	Preoperative Planning	Preoperative planning documentation if relevant
8	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
9	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
10	Working Diagnosis	Working diagnosis prompting requested image
11	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
12	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
13	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
14	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
15	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
16	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
17	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
18	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
19	Physical Examination	Physical examination and relevant findings

CT Chest

Procedure Codes: 71250, 71260, 71270, 71271, 71275, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
5	Lung Cancer Screening Shared Decision-Making	Documentation of shared decision-making visit for lung cancer screening, including discussion of smoking abstinence or cessation, adherence to annual screening, relevant comorbidities, and the patient's ability to undergo diagnostic evaluation and treatment if needed.
6	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
7	Preoperative Planning	Preoperative planning documentation if relevant
8	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
9	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
10	Working Diagnosis	Working diagnosis prompting requested image
11	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
12	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
13	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
14	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

CT Head & Neck

Procedure Codes: 70450, 70460, 70470, 70480-70482, 70486-70488, 70490-70492, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

CT Musculoskeletal

Procedure Codes: 73200-73202, 73206, 73700-73702, 73706, 76376, 76377, 77078

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
4	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
5	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
6	Preoperative Planning	Preoperative planning documentation if relevant
7	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
8	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
9	Working Diagnosis	Working diagnosis prompting requested image
10	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
11	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
12	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
13	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
14	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
15	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
16	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
17	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
18	Physical Examination	Physical examination and relevant findings

CT Pelvis

Procedure Codes: 72191-72194, 74174-74178, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

CT Spine

Procedure Codes: 72125-72133, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

CT/MRI Angiogram Head and Neck

Procedure Codes: 70471, 70496, 70498, 70544-70549, 76376, 76377

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Working Diagnosis	Working diagnosis prompting requested image
6	Preoperative Planning	Preoperative planning documentation if relevant
7	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
12	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical Examination	Physical examination and relevant findings

Echocardiography (ECHO)

Procedure Codes: 76376, 76377, 93303, 93304, 93306-93308, 93312, 93314-93317, 93319-93321, 93325, 93350, 93351, 93356, 0439T, 0932T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Preoperative Planning	Preoperative planning documentation if relevant
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
6	Working Diagnosis	Working diagnosis prompting requested image
7	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
8	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
9	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
10	History of CAD	Positive history of CAD, (e.g., prior catheterization or CCTA dates, percent stenosis, vessel location, revascularization result)
11	Risk of CAD	Results of CV risk assessment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	ECG report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
15	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
16	Physical Examination	Physical examination and relevant findings

MRI Abdomen

Procedure Codes: 72195-72198, 74181-74183, 74185, 76376, 76377, 76390, 76391

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
15	Physical Examination	Physical examination and relevant findings

MRI Chest

Procedure Codes: 71550-71552, 71555, 76376, 76377, 76390

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

MRI Head & Neck

Procedure Codes: 70540, 70542, 70543, 70551-70553, 76376, 76377, 76390

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

MRI Musculoskeletal

Procedure Codes: 73218-73223, 73225, 73718-73723, 73725

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
4	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
5	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
6	Preoperative Planning	Preoperative planning documentation if relevant
7	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
8	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
9	Working Diagnosis	Working diagnosis prompting requested image
10	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
11	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
12	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
13	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
14	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
15	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
16	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
17	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
18	Physical Examination	Physical examination and relevant findings

MRI Pelvis

Procedure Codes: 72195-72198, 74181-74183, 74185, 76376, 76377, 76390

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

MRI Spine

Procedure Codes: 72141, 72142, 72146-72149, 72156-72159, 72198, 76376, 76377, 76390

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Requested (With, Without, Both)	Contrast requested (with, without, both)
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Preoperative Planning	Preoperative planning documentation if relevant
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

Nuclear Cardiac Imaging

Procedure Codes: 78451-78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78494, 78496, 78800, 78803, 78830

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Preoperative Planning	Preoperative planning documentation if relevant
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
7	Working Diagnosis	Working diagnosis prompting requested image
8	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
9	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
10	History Of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
11	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
12	History of CAD	Positive history of CAD, (e.g., prior catheterization or CCTA dates, percent stenosis, vessel location, revascularization result)
13	Risk of CAD	Results of CV risk assessment
14	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
15	ECG report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
16	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
17	Physical Examination	Physical examination and relevant findings

PET CT

Procedure Codes: 78814-78816

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Preoperative Planning	Preoperative planning documentation if relevant
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Radiopharmaceutical	Name of the radiopharmaceutical/tracer planned for the requested study, including dose and clinical indication if applicable.
7	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
8	Working Diagnosis	Working diagnosis prompting requested image
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
11	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Prior PET or PET/CT Scans	Number and dates of prior PET or PET/CT scans
17	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
18	Physical Examination	Physical examination and relevant findings

Cardiology & Vascular

Diagnostic Heart Catheterization

Procedure Codes: 93451-93461

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Contrast Allergy	Allergy To Contrast (Y/N)?
3	Pregnancy Status	Pregnancy status
4	Renal Function Test Results	An assessment of renal status (e.g.: lab results)
5	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
6	Preoperative Planning	Preoperative planning documentation, if relevant
7	Working Diagnosis	Working diagnosis prompting requested service
8	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	Pharmacologic Therapy Monitoring	Pharmacologic therapy monitoring prompting requested service
11	History of CAD	Positive history of CAD, (e.g., prior catheterization or CCTA dates, percent stenosis, vessel location, revascularization result)
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	ECG report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Physical Examination	Physical examination and relevant findings

Pacemaker & Defibrillator

Procedure Codes: 33202, 33203, 33206-33208, 33212-33214, 33216, 33217, 33221, 33224, 33225, 33227-33231, 33240, 33241, 33243, 33244, 33249, 33262-33264, 33270-33274, 0571T, 0572T, 0614T, 0795T-0797T, 0801T-0803T, 0823T, 0825T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Treatment Plan	Document: new, renewal, replacement, repair, modification or product change
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Heart Failure Category	New York Heart Association (NYHA) functional classification (Class I, II, III, or IV)
8	Symptoms And Duration	Relevant symptoms, duration, frequency, and severity
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
12	ECG Report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
13	Physical Examination	Physical examination and relevant findings
14	Product Make and Model	Make and model of the device / technology / product requested; Provide relevant codes (e.g., NDC codes) where applicable

Varicose Veins

Procedure Codes: 36465, 36466, 36468, 36470, 36471, 36473-36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
9	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
10	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
11	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
12	Photographic Documentation	Include high-quality color photographs
13	Physical Examination	Physical examination and relevant findings
14	Treatment Plan	Details of the plan for treating the current condition

Vascular Embolization

Procedure Codes: 37241-37244

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
5	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Repeat Examinations	Reason for repeat, if performed in the past or additional services, provide dates and results
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
10	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Details of the plan for treating the current condition

Watchman Procedure

Procedure Codes: 33340

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Imaging Special Considerations	Documentation of imaging related special considerations relevant to the condition targeted by requested service; provide severity and duration of each (e.g., pregnancy status, renal function, allergy to contrast, metal/indwelling devices)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	ECG Report	ECG report: include dates and findings demonstrating pathology that justifies the requested service
8	Stroke Risk	CHA2DS2 clinical risk score (>2)
9	Contraindication to Anticoagulation	List any/all contraindications to or previous complications from long-term anticoagulation
10	Treatment Plan	Documentation of performing physician specialty and experience with interventional cardiac procedures involving transeptal puncture through an intact septum.
11	Multidisciplinary Heart Team Evaluation	Documentation of Heart Team evaluation for the requested LAAC procedure, including participating provider specialties, clinical recommendation, and facility structural heart program qualifications or credentials, as applicable.
12	Shared Decision-Making	Documentation of shared decision-making between the patient and treating clinician, including treatment options discussed, risks and benefits reviewed, patient preferences, and rationale for the requested service.
13	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
14	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
15	Physical Examination	Physical examination and relevant findings

Cosmetic & Reconstructive

Breast Reconstruction

Procedure Codes: 11920-11922, 11970, 11971, 13100-13102, 15271, 15272, 15734, 15769, 15771-15773, 15777, 15877, 19316, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367-19371, 19380, 19396, S2066-S2068, S8950

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Photographic Documentation	Include high-quality color photographs
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
11	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
12	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
13	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
14	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
15	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
16	Physical Examination	Physical examination and relevant findings
17	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Breast Reduction

Procedure Codes: 19318

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Photographic Documentation	Include high-quality color photographs
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
9	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
16	For Revision - Indication	Reason for revision, including indication
17	For Revision - Treatment Plan	For revision, provide treatment plan

Cochlear Implants

Procedure Codes: 69930, L8614-L8619, L8627, L8628, V5273

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	Treatment Plan	Document: new, renewal, replacement, repair, modification or product change
6	Product Make And Model	Make and model of the device / technology / product requested; Provide relevant codes (e.g., NDC codes), where applicable
7	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	Vaccine Status	Vaccine history related to the target condition for which service is requested
10	Diagnostic Testing	Include results of relevant tests (e.g., audiology reports, laboratory tests)
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Physical Examination	Physical examination and relevant findings
14	Cognitive Status	Ability to use auditory clues and a willingness to undergo an extended program of rehabilitation
15	Replacement or Upgrade	Documentation of the reason for replacement or upgrade, including device status, current functional limitations, impact on activities of daily living, and whether the existing device is no longer adequate, functional, or repairable.
16	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Eye Reconstructive

Procedure Codes: 15820-15823, 21280, 21282, 67900-67904, 67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67950, 67961, 67966

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Cause of Condition	Documentation of the condition etiology or circumstances, such as congenital, post-surgical, accident-related, injury-related, or other acquired cause.
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
11	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
12	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
13	Eye Exam Results	Results of relevant eye examination and vision testing (e.g., eye exam, visual acuity, visual field testing, marginal reflex distance)
14	Photographic Documentation	Include high-quality color photographs
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Musculoskeletal & Orthopedics

Artificial Disc Replacement - Cervical & Lumbar

Procedure Codes: 22856-22858, 22860-22862, 22865, 0095T, 0098T, 0164T, 0165T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Spinal Level(s)	Include the number of spine levels being treated and their location
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
6	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
12	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
13	Behavioral Health Disorder or Substance Use Disorder	Validated assessment and results for a behavioral health disorder and substance use disorder
14	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
15	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
16	Physical Examination	Physical examination and relevant findings
17	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Bone Stimulators

Procedure Codes: 20974, 20975, 20979, E0747-E0749, E0760

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Anatomic Area	Detail specific anatomic area(s) being evaluated/treated
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	History of Trauma and/or Accident	Reports of past injury relevant to the current service requested
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
11	Behavioral Health Disorder or Substance Use Disorder	Validated assessment and results for a behavioral health disorder and substance use disorder
12	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
13	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
14	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
15	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
16	Physical Examination	Physical examination and relevant findings
17	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
18	For Revision or Removal - Indication	Reason for revision or removal, including indication
19	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Chiari Malformation Surgery

Procedure Codes: 61343

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
4	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Hip Arthroscopy

Procedure Codes: 29860-29863, 29914-29916

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
9	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Physical Examination	Physical examination and relevant findings
14	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
15	For Revision - Indication	Reason for revision, including indication
16	For Revision - Treatment Plan	For revision, provide treatment plan

Knee Arthroscopy

Procedure Codes: 29850, 29851, 29855, 29856, 29866-29868, 29870, 29871, 29873-29877, 29879-29889, G0289, S2112

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
9	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Physical Examination	Physical examination and relevant findings
14	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
15	For Revision or Removal - Indication	Reason for revision or removal, including indication
16	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Major Shoulder

Procedure Codes: 23470, 23472-23474, 23802

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
16	For Revision or Removal - Indication	Reason for revision or removal, including indication
17	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Manipulation Under Anesthesia

Procedure Codes: 21073, 22505, 23700, 24300, 25259, 26340, 27198, 27275, 27570, 27860

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
6	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical examination	Physical examination and relevant findings

Percutaneous Vertebral Augmentation

Procedure Codes: 22510-22515, 0200T,0201T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
4	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
12	Other Diagnostics	Results of bone densitometry
13	Physical Examination	Physical examination and relevant findings
14	Neurological Status	Evaluation for spinal cord compression or myelopathy
15	Osteoporosis Management	Osteoporosis treatment or prevention plan
16	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable

Rotator Cuff Repair

Procedure Codes: 23410, 23412, 23420

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
16	For Revision or Removal - Indication	Reason for revision or removal, including indication
17	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Scoliosis Bracing

Procedure Codes: L1000, L1001, L1005-L1007, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L4000

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Splinting Devices	Specific splinting device being requested (e.g., custom splint, cast, brace)
4	Rendering Provider	Provide the name, specialty, and credentials of the provider who will perform the orthotic or prosthetic device services
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
13	Caregiver Support	Documentation of patient and/or caregiver ability to support prescribed brace use, including expected wear time, adherence potential, caregiver support, and barriers to compliance if applicable.
14	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
15	Physical Examination	Physical examination and relevant findings

Shoulder Arthroscopy

Procedure Codes: 29805-29807, 29819-29828, S2300

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
16	For Revision or Removal - Indication	Reason for revision or removal, including indication
17	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Spinal Fusion, Decompression, Laminectomies, and Scoliosis Surgeries – Cervical, Lumbar, Thoracic

Procedure Codes: 20930, 20931, 20936-20939, 20975, 22206-22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22526, 22527, 22532-22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632-22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22836-22838, 22840-22850, 22852-22855, 22859, 22867-22870, 27278-27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015-63017, 63020, 63030, 63032, 63035, 63040, 63042-63048, 63050-63053, 63055-63057, 63064, 63066, 63075-63078, 63081, 63082, 63085-63088, 63090, 63091, 63101-63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250-63252, 63265-63267, 63270-63272, 63275, 63277, 63280, 63282, 63285-63287, 63290, 63300-63308, 0202T, 0222T, 0628T, 0656T, 0657T, 0719T, 0790T, G0259

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Spinal Level(s)	Include the number of spine levels being treated and their location
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
11	Behavioral Health Disorder or Substance Use Disorder	Validated assessment and results for a behavioral health disorder and substance use disorder
12	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Physical Examination	Physical examination and relevant findings
16	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
17	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
18	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
19	For Revision or Removal - Indication	Reason for revision or removal, including indication
20	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Total Elbow Arthroplasty

Procedure Codes: 24360-24363, 24365, 24366, 24370, 24371

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
8	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
11	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
12	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
16	For Revision or Removal - Indication	Reason for revision or removal, including indication
17	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Total Hip Arthroplasty

Procedure Codes: 27120, 27125, 27130, 27132, 27134, 27137, 27138, S2118

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
12	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
13	Physical Examination	Physical examination and relevant findings
14	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
15	For Revision or Removal - Indication	Reason for revision or removal, including indication
16	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Total Knee Arthroplasty

Procedure Codes: 27437, 27438, 27440-27443, 27446, 27447, 27486, 27487

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
12	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
13	Physical Examination	Physical examination and relevant findings
14	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes
15	For Revision or Removal - Indication	Reason for revision or removal, including indication
16	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Pain Management & Neurology

Deep Brain Stimulation

Procedure Codes: 61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, 61889, 61891, 61892

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable.
3	Treatment Plan	Document: new, renewal, replacement, repair, modification or product change
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
8	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Electric Nerve Stimulators - Implanted Spinal Cord

Procedure Codes: 63650, 63655, 63664, 63685, 63688

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Product Trial, Ongoing Application, or Replacement	Product trial placement, ongoing use, or replacement
5	For Permanent Placement	For permanent placement, percentage of pain reduction with trial and operative notes from the spinal cord stimulator or dorsal root ganglion trial
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
8	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
9	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
10	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
11	Behavioral Health Disorder or Substance Use Disorder	Validated assessment and results for a behavioral health disorder and substance use disorder
12	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
13	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
14	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Physical Examination	Physical examination and relevant findings
17	Treatment Plan	Clinician post-procedure treatment plan, including comprehensive rehabilitation program
18	For Revision or Removal - Indication	Reason for revision or removal, including indication
19	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Electric Nerve Stimulators - Treatment of Pain and Muscle Rehabilitation

Procedure Codes: E0721, E0730, E0731, E0743-E0745, E0764, E0770, S8130, S8131

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Product Trial, Ongoing Application or Replacement	Product trial placement or permanent placement
5	For Permanent Placement	For permanent placement, percentage of pain reduction with trial and operative notes from the spinal cord stimulator or dorsal root ganglion trial
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
8	Functional Impairment	Functional impairment, related to the condition targeted by requested service , and interference with ADLs
9	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
10	Behavioral Health Disorder or Substance Use Disorder	Validated assessment and results for a behavioral health disorder and substance use disorder
11	Comorbidities	Documentation of comorbidities relevant to the condition targeted by requested service; provide severity and duration of each
12	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
13	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
14	TENS	Documentation of the prior TENS trial, if applicable, including trial duration, clinical response, demonstrated benefit such as pain reduction and/or functional improvement, and whether near-daily use/compliance was documented by the treating physician.
15	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
16	Physical Examination	Physical examination and relevant findings
17	Treatment Plan	Clinician post procedure treatment plan, including comprehensive rehabilitation program
18	For Revision or Removal - Indication	Reason for revision or removal, including indication
19	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Interventional Pain Injections

Procedure Codes: 27096, 62263, 62264, 62280-62282, 62290, 62320-62327, 64451, 64479, 64480, 64483, 64484, 64490-64495, 64510, 64520, 64625, 64628, 64629, 64633-64636, 0213T-0218T, 0627T-0630T, G0259, G0260

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	Spinal Level(s)	Include the number of spine levels being treated and their location
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
11	Injection History	Relevant injection history related to the target condition for which the service is requested; include results of prior injections (e.g., % pain relief and duration)
12	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
13	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
14	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
15	Physical Examination	Physical examination and relevant findings
16	Diagnostic or Therapeutic	Indicate whether the requested service is diagnostic, therapeutic, or both
17	Treatment Plan	If a medial branch block or a facet injection is the requested service, provide a plan for a radiofrequency (RFA) joint denervation procedure.
18	Treatment Plan	Documentation of requested imaging guidance (e.g., fluoroscopy, ultrasound, CT)
19	Treatment Plan	Clinician post-procedure treatment plan, including comprehensive rehabilitation program

Neurolytic Destruction of the Trigeminal Nerve

Procedure Codes: 61790, 64605, 64610, 77002

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
7	Injection History	Relevant injection history related to the target condition for which the service is requested; include results of prior injections (e.g., % pain relief and duration)
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings

Phrenic Nerve Stimulators

Procedure Codes: 33276, 33277

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	For Revision or Removal - Indication	Reason for revision or removal, including indication
16	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Sacral Nerve Stimulators for Urinary Incontinence

Procedure Codes: 64561, 64581, 64590, 72220, 95972

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Product Trial, Ongoing Application, or Replacement	Product trial placement, ongoing use, or replacement
4	For Permanent Placement - Trial Outcome	Documentation of trial or use results, including percentage reduction in symptoms, duration of benefit, functional improvement if applicable, and trial dates/duration.
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
14	Physical Examination	Physical examination and relevant findings
15	For Revision or Removal - Indication	Reason for revision or removal, including indication
16	For Revision or Removal - Treatment Plan	For revision or removal, provide treatment plan

Transcranial Magnetic Stimulation (TMS)

Procedure Codes: 90867-90869, 0858T, 0889T-0892T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Retreatment	If treatment was performed in the past provide dates and results of the previous treatment
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
13	Physical Examination	Physical examination and relevant findings
14	Treatment Plan	Details of the plan for treating the current condition
15	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable

Vagus Nerve Stimulation

Procedure Codes: 64568, 64569

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
4	CED Requirement	If appropriate, include Coverage with Evidence for Development (CED)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
7	Surgical Candidacy	Failed surgery, not a candidate for surgery, or declines surgery after shared decision making
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
12	Physical Examination	Physical examination and relevant findings
13	For Revision or Removal – Indication	Reason for revision or removal, including indication
14	For Revision or Removal – Treatment Plan	For revision or removal, provide treatment plan
15	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable

Specialty Services

Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds

Procedure Codes: 15002-15004, 15271-15278, A2001, A2002, A2005-A2013, A2015, A2016, A2018, A2019, A2021, A2022, A2024, A2027, Q4101-Q4105, Q4107, Q4108, Q4110, Q4111, Q4115-Q4117, Q4121-Q4128, Q4130, Q4132-Q4138, Q4140-Q4143, Q4146-Q4148, Q4150-Q4154, Q4156-Q4161, Q4163-Q4167, Q4169, Q4170, Q4173, Q4175, Q4176, Q4178-Q4184, Q4186-Q4188, Q4190, Q4191, Q4193-Q4201, Q4203-Q4205, Q4208, Q4209, Q4211, Q4214, Q4216-Q4222, Q4225-Q4227, Q4229, Q4232, Q4234-Q4239, Q4247-Q4276, Q4278-Q4309, Q4311-Q4373, Q4375-Q4380, Q4382-Q4429, Q4435-Q4440

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Requested Skin Substitutes	Name of requested skin substitute(s) and planned number of applications
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
9	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
10	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
11	Wound/Ulcer Characteristics	Provide detailed characteristics of the wound/ulcer at baseline and progression over time (e.g., including size, location, duration, tissue characteristics, and prior treatment history).
12	Photographic Documentation	Include high-quality color photographs
13	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
14	Physical Examination	Physical examination and relevant findings

Continuous Glucose Monitoring

Procedure Codes: 95249-95251, 0446T, 0448T, A4238, A4239, A9276-A9278, E2102, E2103, S1030, S1031

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Product Make And Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
3	Treatment Plan	Document: new, renewal, replacement, repair, modification or product change
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Adherence	If renewal, replacement, or product change, include documentation of patient adherence to product as prescribed
6	Clinician Order or prescription	Signed clinician order or prescription
7	Primary diagnosis	Diagnosis codes of the condition or concern targeted by requested service
8	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
9	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
10	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
11	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
12	Treatment Plan	Details of the plan for treating the current condition

Diagnosis and Treatment of Impotence

Procedure Codes: 54360, 54400, 54401, 54405, 54406

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Nicotine Use	Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history)
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
9	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
10	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
11	Physical Examination	Physical examination and relevant findings

Esophagogastroduodenoscopy (EGD)

Procedure Codes: 43210, 43233, 43235-43255, 43257, 43259, 43266, 43270, 43290, 43291, 0652T-0654T, 0813T

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Retreatment	If treatment was performed in the past provide dates and results of the previous treatment
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
6	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
9	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
10	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
11	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
12	Physical Examination	Physical examination and relevant findings
13	Treatment Plan	Details of the plan for treating the current condition
15	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable

High-Intensity Focused Ultrasound (HIFU) – Prostate

Procedure Codes: 51721, 55880-55882

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
4	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	History of Malignancy	History of malignancy (Y/N) if yes, include specific diagnosis, date of diagnosis, and phase of treatment
7	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
8	Staging Imaging	Staging imaging report(s), including modality, date, findings, and conclusion regarding presence or absence of metastatic disease.
9	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
10	Physical Examination	Physical examination and relevant findings
11	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes

Home Care

Procedure Codes: S9123

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Primary diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Treatment Plan	Document: new request or request for continuation
4	Hours and Units Requested	Number of hours/units (1 hour/unit)
5	Frequency and Duration	Frequency and duration of home care visits
6	Start Date	Anticipated start date
7	Stop Date	Anticipated discharge date
8	Homebound Status	Documentation supporting homebound status, need for assistance, and medical conditions contributing to inability to leave the home independently
9	Caregiver Support	Documentation of caregiver or support availability, including type, frequency, and extent of assistance provided
10	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
11	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
12	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
13	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
14	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
15	RN Justification	Reason skilled nursing is needed (e.g., medication administration, wound care and assessment, respiratory management, seizure disorder management, clinical instability, patient/caregiver education)
16	Treatment Plan	Details of the plan for treating the current condition
17	Physical Examination	Physical examination and relevant findings

Hypoglossal Nerve Stimulation (HGNS) for Obstructive Sleep Apnea

Procedure Codes: 64568, 64582

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable.
4	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
8	Treatment Plan	Document: new, renewal, replacement, repair, modification or product change
9	For Repair Or Replacement, Details Of Current Devices	Documentation of the current device, including make, model, configuration if applicable, date of initial acquisition or device age, current device status, malfunction or loss of function, repair history or inability to repair, warranty status, and reason repair or replacement is needed.
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
13	Physical Examination	Physical examination and relevant findings

Infertility Services

Procedure Codes: 55870, 58321-58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253-89255, 89257, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89337

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
4	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
5	Prior Infertility Rx	List all prior infertility-related medications, including duration of use, and dates of therapy
6	Prior Infertility Procedures	History of infertility-related procedures relevant to the requested service , including procedure type and dates performed
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
9	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
10	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
11	Physical Examination	Physical examination and relevant findings
12	Treatment Plan	Details of the plan for treating the current condition
13	Partner Reproductive Medical History	Test results of partner's sperm

Nasal & Sinus Endoscopy

Procedure Codes: 30110, 30115, 30130, 30140, 30520, 30801, 30802, 31233, 31235, 31237, 31240, 31253-31257, 31259, 31267, 31276, 31287, 31288, 31295-31298, 69705, 69706

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Procedure Type	Procedure being requested is diagnostic or postoperative
3	Laterality	Body part being treated; include laterality if relevant (left, right, or bilateral)
4	Anatomic Area	Detail specific anatomic area(s) being evaluated/treated
5	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Symptoms And Duration	Relevant symptoms, duration, frequency, and severity
8	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Prior Imaging Performed	Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
13	CT Scan Images	Specific diagnostic image(s) that show the abnormality for which surgery is being requested
14	Physical Examination	Physical examination and relevant findings

Pneumatic & Non-Pneumatic Compression Devices

Procedure Codes: A4600, E0650-E0652, E0655-E0660, E0665-E0673, E0675-E0681

ID	Clinical Data Type	Clinical Documentation
1	Requested procedure code(s)	Requested procedure codes
2	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Product Trial, Ongoing Application, or Replacement	Product trial placement, ongoing use, or replacement
5	For Permanent Placement - Trial Outcome	Documentation of trial or use results, including percentage reduction in symptoms, duration of benefit, functional improvement if applicable, and trial dates/duration.
6	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
7	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
8	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
9	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
10	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
11	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
12	Treatment Plan	Documentation of patient's or caregiver's ability to safely use and manage the requested device (e.g., training, support, or limitations)
13	Treatment plan	Details of the plan for treating the current condition

Mobility Devices, Options and Accessories

Procedure Codes: 97542, E0950-E0961, E0966-E0971, E0973, E0974, E0978, E0980-E0986, E0988, E0990, E0992, E0994, E0995, E1002-E1012, E1014-E1018, E1020, E1022, E1023, E1028-E1034, E1037-E1039, E1050, E1060, E1070, E1083-E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1170-E1172, E1180, E1190, E1195, E1200, E1220-E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298, E2201-E2222, E2224-E2228, E2230, E2231, E2291-E2295, E2298, E2301, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2358-E2378, E2381-E2392, E2394-E2398, E2601-E2617, E2619-E2633, G9156, K0001-K0015, K0017-K0020, K0037-K0047, K0050-K0053, K0056, K0065, K0069-K0073, K0077, K0098, K0105, K0108, K0195, K0462, K0669, K0733, K0800-K0802, K0806-K0808, K0812-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890, K0891

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Product Make and Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
3	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
4	Treatment Plan	Document: new, renewal, replacement, repair, modification or product change
5	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
6	Symptoms and Duration	Relevant symptoms, duration, frequency, and severity
7	Functional Impairment	Functional impairment, related to the condition targeted by requested service, and interference with ADLs
8	Rental Or Purchase	Document: rental or purchase
9	Equipment Price Quotation	Equipment price quotation
10	Duration Of Use	Estimated duration of use; specify permanent or long-term need when applicable
11	Primary Setting For Wheelchair	Primary intended use of wheelchair/power mobility device (e.g., in-home, outside of home)
12	Home Environment Assessment	Home environment assessment and results
13	Current Mobility Devices	Use of mobility assistance devices, including current and prior devices used; device type; dates and duration of use; clinical outcome (e.g., effective, failed, contraindicated); and reason for discontinuation, if applicable
14	For Repair Or Replacement, Details Of Current Devices	Documentation of the current device, including make, model, configuration if applicable, date of initial acquisition or device age, current device status, malfunction or loss of function, repair history or inability to repair, warranty status, and reason repair or replacement is needed.
15	Physical Examination	Physical examination and relevant findings

Sleep Studies

Procedure Codes: 95782, 95783, 95800, 95801, 95803, 95805-95808, 95810, 95811, G0398-G0400

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Procedure Type	Procedure being requested is diagnostic or postoperative
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Standardized Sleep Assessment	Plan-specific named, policy-aligned sleep questionnaire
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
9	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
10	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
11	Physical Examination	Physical examination and relevant findings
12	Physical Examination	BMI and neck circumference if diagnosis or suspected diagnosis is OSA
13	Repeat Examinations	Reason for repeat, if performed in the past or additional services, provide dates and results

Urinary Incontinence Control Devices

Procedure Codes: 53440, 53445, 53451, 53452, 57288

ID	Clinical Data Type	Clinical Documentation
1	Requested Procedure Code(s)	Requested procedure codes
2	Primary Diagnosis	Diagnosis codes of the condition or concern targeted by requested service
3	Product Make And Model	Make and model of the device / technology / product requested; provide relevant codes (e.g., NDC codes), where applicable
4	State-Specific Documentation	State-specific documentation applicable to the requested service, if any (e.g., regulatory, coverage, or program-specific criteria)
5	Medical History	Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below
6	Surgical History	Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
7	Comorbidities	Documentation of comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
8	Conservative Treatment: Non-Rx	Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
9	Conservative Treatment: Rx	List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
10	Other Diagnostics	Results of relevant tests (e.g., laboratory studies, tests, procedures)
11	Physical Examination	Physical examination and relevant findings
12	Treatment Plan	Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes