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**Treatment Form # 8202780**

Today's Date: 08/23/2007

This Clinical Treatment Form (CTF) is not a guarantee of payment. Final payment is subject to gross benefit limits and member eligibility.

**Member**

Member: ANDERSON, TIFFANY ID Number: 0007897964 - 01  
 Health Plan: KAISER PERMANENTE - NORTHERN CA

**Processing Information**

Received: 8/21/2007 Approved: 8/22/2007 Processed: 8/21/2007  
 Reviewed By: B. A. Orr, D.C. Extension: 3450  
 Form Type: Reconsideration

**Clinical Treatment Form**

Requested From: 6/25/2007 Requested Thru: 8/25/2007  
 Approved From: 6/25/2007 Approved Thru: 8/25/2007

Procedure	#Requested	#Approved	#Used
New Patient Examination	0	0	0
Subsequent Examination	1	1	1
Office Visits	7	6	4
Adjunctive Therapy	0	0	0
Appliances	0	0	0
Lab	0	0	0
Procedure	#Requested	#Approved	#Used
Prolonged Services	0	0	0
Cervical x-ray	0	0	0
Lumbar x-ray	0	0	0
Thoracic x-ray	0	0	0
Other x-ray	0	0	0

The #Used column above represents the number of services paid as of today's date. Please keep in mind that there may be unprocessed claims on file.

**Primary Diagnosis**

Code	Description*
729.2	UNS NEURALGIA-NEURITIS & RADICULITIS

\* Services approved on this response form are for the condition described by this ICD-9 code. Please note that when billing, you must submit claims with all ICD-9 codes documented to the highest level of specificity per HC coding standards.

**Processing Response Information**

Code	Description
363	This is in response to a Reconsideration and reflects the total number of services approved both as part of the initial request and the reconsideration (363)
	The documentation submitted by your provider indicates that you are receiving <<SPECIALTY>> care, primarily for a <<REGION>>. A peer Clinical Services Manager has reviewed and considered the

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