



Referral Response

Choose a new transaction for

Choose One

Go

Help for this screen

PLEASE EVALUATE TREAT AND TESTING AS NEEDED

Review Identification Number: 040996915
EDI Trace Number: 819224161WEB

Review Decision: Certified In Total

Reason Code: --
NaviNet Status: Approved

Member ID:
Member DOB:

Member Name:

Diagnosis Code		Description	Diagnosis Information
1.	J01.01	ACUTE RECURRENT MAXILLARY SINUSITIS	

Please be aware that the provider or organizational name that you selected may differ from what is shown on this screen, however the NPI number will still match.

Provider Name	Referred From Provider
	Provider NPI

Provider Name	Referred To Provider
	Provider NPI

Provider Comments: PLEASE EVALUATE TREAT AND TESTING AS NEEDED

Place of Service: 11 - OFFICE
Number of Visits: 6

Procedure Service Information
Certification Issue Date: 01/15/2018
Certification Expiration Date: 01/15/2019

Procedure Code	Description	Review Decision	Reason Code
1. 99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	AI - Certified In Total	--