

ADVERSE DETERMINATION — DENIED

Prior Authorization Decision Letter

Synthetic adverse determination specimen for DeskGate v2.6.8 offline simulation. Zero live PHI.

|                            |                                                                                                                            |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Decision:                  | Denied                                                                                                                     |
| Tracking / Auth Reference: | BCBS - TN - PA - 88429117                                                                                                  |
| Member / Subscriber ID:    | SYN - 884291 - Q                                                                                                           |
| Patient Name:              | Vargas, Elena M.                                                                                                           |
| Date of Birth:             | 04/12/1979                                                                                                                 |
| Requested CPT / HCPCS:     | 97110 x12, 97530 x8                                                                                                        |
| Primary diagnosis:         | M17.11                                                                                                                     |
| Denial code:               | UM - PA - 14                                                                                                               |
| Policy:                    | Outpatient Rehabilitation Medical Policy ORT-PT-2026 §4.2 — failed conservative therapy must be dated in the attached note |

**Reason for denial:** Insufficient documentation of failed conservative therapy duration. The submitted packet did not include dated trial notes for oral NSAID discontinuation or the May 2026 intra-articular injection.

**Missing / additional documentation requested:**  
Dated NSAID trial (agent, dose, weeks, reason discontinued); corticosteroid injection date and duration of relief; signed PT order listing unit counts.

Appeal window: 180 days from this letter. Reconsideration is filed on the provider portal appeal form. The licensed coordinator remains the filing actor.