

Medical Overview by Prior Authorization Approval or Denial 3rd Quarter 2024

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BH	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BH	Surgical	Inpatient Facility	L03.312	CELLULITIS OF BACK (ANY PART EXCEPT BUTTOCK)	Approved	
BH	Surgical	Inpatient Facility	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	Approved	
BH	Surgical	Inpatient Facility	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	Approved	
BH	Surgical	Inpatient Facility	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	Approved	
BH	Surgical	Inpatient Facility	G91.9	HYDROCEPHALUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	Approved	
BH	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BH	Surgical	Inpatient Facility	K86.2	CYST OF PANCREAS	Approved	
BH	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BH	Surgical	Inpatient Facility	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	Denied	CMD
BH	Surgical	Inpatient Facility	D3A.090	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG	Approved	
BH	Surgical	Inpatient Facility	K57.10	DVRTCLOS OF SM INT W/O PERF OR ABSCESS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	Denied	CMD
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	D42.0	NEOPLASM OF UNCERTAIN BEHAV OF CEREBRAL MENINGES	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	S12.9XXS	FRACTURE OF NECK, UNSPECIFIED, SEQUELA	Approved	
BH	Surgical	Inpatient Facility	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	Approved	
BH	Surgical	Inpatient Facility	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	
BH	Surgical	Inpatient Facility	C22.9	MALIG NEOP OF LIVER NOT SPECIFIED AS PRIM OR SEC	Approved	
BH	Surgical	Inpatient Facility	R91.1	SOLITARY PULMONARY NODULE	Approved	
BH	Surgical	Inpatient Facility	S01.83XA	PUNCTURE WOUND W/O FB OTH PRT HEAD INIT ENCNT	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	R56.9	UNSPECIFIED CONVULSIONS	Approved	
BH	Surgical	Inpatient Facility	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
BH	Surgical	Inpatient Facility	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Denied	CMD
BH	Surgical	Inpatient Facility	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BH	Surgical	Inpatient Facility	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Approved	
BH	Surgical	Inpatient Facility	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	Approved	
BH	Transplant	Inpatient Facility	C91.02	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K31.84	GASTROPARESIS	Approved	
BH	Surgical	Inpatient Facility	F15.10	OTHER STIMULANT ABUSE, UNCOMPLICATED	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BH	Surgical	Inpatient Facility	M87052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Approved	
BH	Surgical	Inpatient Facility	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	K35.80	UNSPECIFIED ACUTE APPENDICITIS	Approved	
BH	Surgical	Inpatient Facility	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Denied	CMD
BH	Surgical	Inpatient Facility	K11.8	OTHER DISEASES OF SALIVARY GLANDS	Approved	
BH	Surgical	Inpatient Facility	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	
BH	Surgical	Inpatient Facility	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BH	Surgical	Inpatient Facility	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	Approved	
BH	Surgical	Inpatient Facility	K38.8	OTHER SPECIFIED DISEASES OF APPENDIX	Approved	
BH	Surgical	Inpatient Facility	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	Approved	
BH	Surgical	Inpatient Facility	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	Approved	

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BH	Surgical	Inpatient Facility	C62.12	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	Approved	
BH	Surgical	Inpatient Facility	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	
BH	Surgical	Inpatient Facility	I50.9	HEART FAILURE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	Approved	
BH	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BH	Surgical	Inpatient Facility	T82.868D	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, SUBS	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Denied	CMD
BH	Surgical	Inpatient Facility	S82.131A	DISP FX OF MED CONDYLE OF R TIB INIT FOR CLOS FX	Approved	
BH	Surgical	Inpatient Facility	G93.9	DISORDER OF BRAIN, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	Approved	
BH	Surgical	Inpatient Facility	K63.5	POLYP OF COLON	Approved	
BH	Surgical	Inpatient Facility	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	Approved	
BH	Surgical	Inpatient Facility	T84.039A	MECH LOOSENING OF UNSP INT PROSTH JOINT INIT	Approved	
BH	Surgical	Inpatient Facility	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Approved	
BH	Surgical	Inpatient Facility	I70.0	ATHEROSCLEROSIS OF AORTA	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BH	Surgical	Inpatient Facility	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	Approved	
BH	Surgical	Inpatient Facility	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	Approved	
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Denied	CMD
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	N13.5	CROSSING VESS&STRUX OF URETER W/O HYDRONEPHROSIS	Approved	
BH	Surgical	Inpatient Facility	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	Approved	
BH	Surgical	Inpatient Facility	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	
BH	Surgical	Inpatient Facility	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	Approved	
BH	Surgical	Inpatient Facility	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	Approved	
BH	Surgical	Inpatient Facility	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	Approved	

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BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I70.622	ATHSCL NONBIOL BYP OF EXTRM W REST PAIN LEFT LEG	Approved	
BH	Surgical	Inpatient Facility	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	Approved	
BH	Surgical	Inpatient Facility	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	D35.02	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	Approved	
BH	Surgical	Inpatient Facility	C44.310	BASAL CELL CA OF SKIN OF USP PARTS OF FACE	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	Approved	
BH	Surgical	Outpatient Hospital	S12.110K	ANT DISPL TYPE II DENS FX SUBS FOR FX W NONUNION	Approved	
BH	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Denied	Administrative
BH	Surgical	Inpatient Facility	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	E04.2	NONTOXIC MULTINODULAR GOITER	Approved	
BH	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Approved	
BH	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	Approved	
BH	Surgical	Inpatient Facility	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	Approved	
BH	Surgical	Inpatient Facility	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Approved	
BH	Surgical	Inpatient Facility	Q43.8	OTHER SPECIFIED CONGENITAL MALFORM OF INTESTINE	Approved	
BH	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BH	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BH	Surgical	Inpatient Facility	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Observation	R87619	UNSP AB CYTOLOG FIND IN SPECMN FROM CERVIX UTERI	Approved	
BH	Transplant	Inpatient Facility	C84.48	PERPH T-CELL LYMPHOMA NEC, LYMPH NODES MULT SITE	Approved	
BH	Surgical	Inpatient Facility	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	J38.6	STENOSIS OF LARYNX	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	N95.0	POSTMENOPAUSAL BLEEDING	Approved	

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BH	Surgical	Inpatient Facility	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Approved	
BH	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BH	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BH	Surgical	Inpatient Facility	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BH	Surgical	Inpatient Facility	D12.4	BENIGN NEOPLASM OF DESCENDING COLON	Approved	
BH	Surgical	Inpatient Facility	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	Approved	
BH	Surgical	Inpatient Facility	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	Approved	
BH	Surgical	Inpatient Facility	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Denied	CMD
BH	Surgical	Inpatient Facility	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	K59.00	CONSTIPATION, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	Denied	CMD
BH	Surgical	Inpatient Facility	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	Approved	
BH	Surgical	Inpatient Facility	S88.112D	COM TRAUM AMP AT LEV BETW KN&ANKL L LOW LEG SUBS	Approved	
BH	Surgical	Inpatient Facility	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	Approved	
BH	Surgical	Inpatient Facility	E05.90	THYROTOX UNSP WITHOUT THYROTOXIC CRISIS OR STORM	Denied	CMD
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	N83.202	UNSPECIFIED OVARIAN CYST, LEFT SIDE	Approved	
BH	Surgical	Inpatient Facility	M26.02	MAXILLARY HYPOPLASIA	Approved	
BH	Surgical	Inpatient Facility	K83.1	OBSTRUCTION OF BILE DUCT	Approved	
BH	Surgical	Inpatient Facility	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	M41.9	SCOLIOSIS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	Approved	

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BH	Surgical	Inpatient Facility	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	Approved	
BH	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BH	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BH	Surgical	Inpatient Facility	T84.012D	BROKEN INTERNAL RIGHT KNEE PROSTH SB ENCOUNTER	Approved	
BH	Surgical	Inpatient Facility	C60.9	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Approved	
BH	Surgical	Inpatient Facility	J93.9	PNEUMOTHORAX, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Outpatient Hospital	M25.561	PAIN IN RIGHT KNEE	Approved	
BH	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	Approved	
BH	Surgical	Inpatient Facility	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	Approved	
BH	Surgical	Inpatient Facility	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	I82.412	ACUTE MBLSM AND THROMBOSIS OF LEFT FEMORAL VEIN	Approved	
BH	Surgical	Inpatient Facility	D33.4	BENIGN NEOPLASM OF SPINAL CORD	Approved	
BH	Surgical	Inpatient Facility	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	Approved	
BH	Surgical	Inpatient Facility	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	Approved	
BH	Surgical	Inpatient Facility	K38.8	OTHER SPECIFIED DISEASES OF APPENDIX	Approved	
BH	Surgical	Inpatient Facility	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	Approved	
BH	Surgical	Inpatient Facility	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	Approved	
BH	Surgical	Inpatient Facility	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	Approved	
BH	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BH	Surgical	Inpatient Facility	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	Approved	
BH	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	

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BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Denied	CMD
BH	Surgical	Inpatient Facility	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	Approved	
BH	Surgical	Inpatient Facility	M99.83	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	M86.9	OSTEOMYELITIS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Approved	
BH	Surgical	Inpatient Facility	M19.92	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED SITE	Approved	
BH	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Denied	CMD
BH	Surgical	Inpatient Facility	M71.38	OTHER BURSAL CYST, OTHER SITE	Approved	
BH	Surgical	Inpatient Facility	Z85.118	PERSONAL HISTORY OF MALIG NEOP OF BRONC AND LUNG	Approved	
BH	Surgical	Inpatient Facility	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Approved	
BH	Surgical	Inpatient Facility	M40.12	OTHER SECONDARY KYPHOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	R91.1	SOLITARY PULMONARY NODULE	Approved	
BH	Surgical	Inpatient Facility	C34.30	MALIG NEOPLASM OF LOWER LOBE UNSP BRONC OR LUNG	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	E21.3	HYPERPARATHYROIDISM, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	Approved	
BH	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	K86.2	CYST OF PANCREAS	Approved	
BH	Surgical	Inpatient Facility	D3A.090	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Approved	
BH	Surgical	Inpatient Facility	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	Approved	
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BH	Surgical	Inpatient Facility	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Approved	
BH	Surgical	Inpatient Facility	K31.84	GASTROPARESIS	Approved	
BH	Surgical	Inpatient Facility	F15.10	OTHER STIMULANT ABUSE, UNCOMPLICATED	Approved	
BH	Surgical	Inpatient Facility	M87.052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Approved	
BH	Surgical	Inpatient Facility	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BH	Surgical	Inpatient Facility	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	Approved	
BH	Surgical	Inpatient Facility	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	K38.8	OTHER SPECIFIED DISEASES OF APPENDIX	Approved	
BH	Surgical	Inpatient Facility	I50.9	HEART FAILURE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	T82.868D	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, SUBS	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	Approved	
BH	Surgical	Inpatient Facility	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	Approved	
BH	Surgical	Outpatient Hospital	S12.110K	ANT DISPL TYPE II DENS FX SUBS FOR FX W NONUNION	Approved	
BH	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	N95.0	POSTMENOPAUSAL BLEEDING	Approved	
BH	Surgical	Inpatient Facility	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	Approved	
BH	Surgical	Inpatient Facility	K59.00	CONSTIPATION, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	Approved	
BH	Surgical	Inpatient Facility	I82.412	ACUTE MBLSM AND THROMBOSIS OF LEFT FEMORAL VEIN	Approved	
BH	Surgical	Inpatient Facility	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Approved	
BH	Surgical	Inpatient Facility	C34.30	MALIG NEOPLASM OF LOWER LOBE UNSP BRONC OR LUNG	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	Approved	
BH	Surgical	Inpatient Facility	K86.2	CYST OF PANCREAS	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	K31.84	GASTROPARESIS	Approved	
BH	Surgical	Inpatient Facility	M87.052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Approved	
BH	Surgical	Inpatient Facility	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BH	Surgical	Inpatient Facility	I50.9	HEART FAILURE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	T82.868D	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, SUBS	Approved	
BH	Surgical	Inpatient Facility	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	K59.00	CONSTIPATION, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Approved	
BH	Surgical	Inpatient Facility	K86.2	CYST OF PANCREAS	Approved	
BH	Surgical	Inpatient Facility	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Approved	
BH	Surgical	Inpatient Facility	T82.868D	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, SUBS	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K86.2	CYST OF PANCREAS	Approved	
BH	Surgical	Inpatient Facility	T82.868D	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, SUBS	Approved	
BX	Surgical	Inpatient Facility	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Denied	CMD
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	S82.102A	UNSP FX UPPER END OF LEFT TIBIA INIT FOR CLOS FX	Approved	
BX	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	C18.0	MALIGNANT NEOPLASM OF CECUM	Approved	
BX	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	K31.9	DISEASE OF STOMACH AND DUODENUM, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	I71.43	INFREARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	Denied	CMD
BX	Surgical	Inpatient Facility	S83.006A	UNSPECIFIED DLOC OF UNSPECIFIED PATELLA INIT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	S82.134D	NONDISP FX OF MED CONDYLE OF R TIBIA, 7THD	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	Approved	
BX	Surgical	Inpatient Facility	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K35.80	UNSPECIFIED ACUTE APPENDICITIS	Approved	
BX	Surgical	Inpatient Facility	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	Approved	
BX	Surgical	Inpatient Facility	L03.116	CELLULITIS OF LEFT LOWER LIMB	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E72.20	DISORDER OF UREA CYCLE METABOLISM, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	I10	ESSENTIAL (PRIMARY) HYPERTENSION	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	N80.9	ENDOMETRIOSIS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BX	Surgical	Inpatient Facility	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	Approved	
BX	Surgical	Inpatient Facility	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	
BX	Surgical	Inpatient Facility	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	J93.11	PRIMARY SPONTANEOUS PNEUMOTHORAX	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
BX	Surgical	Inpatient Facility	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Approved	
BX	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BX	Surgical	Inpatient Facility	N13.30	UNSPECIFIED HYDRONEPHROSIS	Denied	CMD
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	K43.6	OTH AND UNSP VENTRAL HERNIA WITH OBST W/O GANGR	Approved	
BX	Surgical	Inpatient Facility	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BX	Surgical	Inpatient Facility	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	
BX	Surgical	Inpatient Facility	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	I49.3	VENTRICULAR PREMATURE DEPOLARIZATION	Approved	
BX	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BX	Surgical	Inpatient Facility	N13.30	UNSPECIFIED HYDRONEPHROSIS	Approved	
BX	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BX	Surgical	Inpatient Facility	S21.301A	USP OPN WND R FRNT WL OF THRX W PEN THOR CAV INI	Approved	
BX	Surgical	Inpatient Facility	Q25.45	DOUBLE AORTIC ARCH	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Approved	
BX	Surgical	Inpatient Facility	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	Approved	
BX	Surgical	Inpatient Facility	Q37.9	USP CLEFT PALATE WITH UNILATERAL CLEFT LIP	Approved	
BX	Surgical	Inpatient Facility	N81.2	INCOMPLETE UTEROVAGINAL PROLAPSE	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
BX	Surgical	Inpatient Facility	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BX	Surgical	Inpatient Facility	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	Approved	
BX	Surgical	Inpatient Facility	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BX	Surgical	Inpatient Facility	D17.5	BENIGN LIPOMAT NEOPLASM OF INTRA-ABD ORGANS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M54.2	CERVICALGIA	Approved	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BX	Surgical	Inpatient Facility	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K35.80	UNSPECIFIED ACUTE APPENDICITIS	Approved	
BX	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	K94.03	COLOSTOMY MALFUNCTION	Approved	
BX	Surgical	Inpatient Facility	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	Approved	
BX	Surgical	Inpatient Facility	R10.2	PELVIC AND PERINEAL PAIN	Approved	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	T82.110A	BREAKDOWN OF CARDIAC ELECTRODE INIT ENCNR	Approved	
BX	Surgical	Inpatient Facility	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BX	Surgical	Inpatient Facility	D15.1	BENIGN NEOPLASM OF HEART	Approved	
BX	Surgical	Inpatient Facility	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	M43.00	SPONDYLOLYSIS, SITE UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BX	Surgical	Inpatient Facility	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BX	Surgical	Inpatient Facility	K95.89	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	Approved	
BX	Surgical	Inpatient Facility	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	Denied	CMD
BX	Surgical	Inpatient Facility	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	Approved	
BX	Surgical	Inpatient Facility	S22.42XA	MULTIPLE FX OF RIBS LEFT SIDE INIT FOR CLOS FX	Approved	
BX	Surgical	Inpatient Facility	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	Approved	
BX	Surgical	Inpatient Facility	S37.20XD	USP INJURY OF BLADDER SUBSEQUENT ENCOUNTER	Approved	
BX	Surgical	Inpatient Facility	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	Approved	
BX	Surgical	Inpatient Facility	T84.012D	BROKEN INTERNAL RIGHT KNEE PROSTH SB ENCOUNTER	Approved	
BX	Surgical	Inpatient Facility	H05.332	DEFORMITY OF LEFT ORBIT DUE TO TRAUMA OR SURGERY	Approved	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BX	Surgical	Inpatient Facility	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	K44.0	DIAPHRAGMATIC HERNIA WITH OBST WITHOUT GANGRENE	Approved	
BX	Surgical	Inpatient Facility	S51.001A	USP OPEN WOUND OF RIGHT ELBOW INITIAL ENCOUNTER	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	I51.89	OTHER ILL-DEFINED HEART DISEASES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M26.02	MAXILLARY HYPOPLASIA	Approved	
BX	Surgical	Inpatient Facility	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	F64.0	TRANSSEXUALISM	Approved	
BX	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
BX	Surgical	Inpatient Facility	S14.3XXA	INJURY OF BRACHIAL PLEXUS, INITIAL ENCOUNTER	Approved	
BX	Surgical	Inpatient Facility	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	Q28.2	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	Approved	
BX	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BX	Surgical	Inpatient Facility	N20.1	CALCULUS OF URETER	Approved	
BX	Surgical	Inpatient Facility	Z87.19	PERSONAL HISTORY OF OTHER DIS OF DIGESTIVE SYS	Approved	
BX	Surgical	Inpatient Facility	N95.0	POSTMENOPAUSAL BLEEDING	Approved	
BX	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BX	Surgical	Inpatient Facility	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	
BX	Surgical	Inpatient Facility	M26.02	MAXILLARY HYPOPLASIA	Approved	
BX	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	S82.144A	NONDISP BICONDYLAR FRACTURE OF RIGHT TIBIA INIT	Approved	
BX	Surgical	Inpatient Facility	Z47.32	AFTERCARE FOL EXPLANTATION OF HIP JOINT PROSTH	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K46.9	USP ABDOMINAL HERNIA WITHOUT OBST OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	G96.198	OTHER DISORDERS OF MENINGES, NEC	Approved	
BX	Surgical	Inpatient Facility	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	R91.1	SOLITARY PULMONARY NODULE	Approved	
BX	Surgical	Inpatient Facility	J86.0	PYOTHORAX WITH FISTULA	Approved	
BX	Surgical	Inpatient Facility	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	K35.80	UNSPECIFIED ACUTE APPENDICITIS	Approved	
BX	Surgical	Inpatient Facility	M86.9	OSTEOMYELITIS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	N90.4	LEUKOPLAKIA OF VULVA	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	D13.4	BENIGN NEOPLASM OF LIVER	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	Approved	
BX	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
BX	Surgical	Inpatient Facility	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	Approved	
BX	Surgical	Inpatient Facility	I65.29	OCCCLUSION AND STENOSIS OF USP CAROTID ARTERY	Approved	
BX	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BX	Surgical	Inpatient Facility	I87.1	COMPRESSION OF VEIN	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	Approved	
BX	Surgical	Inpatient Facility	C49.A4	GI STROMAL TUMOR OF LARGE INTESTINE	Approved	
BX	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Approved	
BX	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Transplant	Inpatient Facility	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	
BX	Surgical	Inpatient Facility	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	T81.32XA		Approved	
BX	Transplant	Inpatient Facility	C92.01	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Approved	
BX	Surgical	Inpatient Facility	D15.2	BENIGN NEOPLASM OF MEDIASTINUM	Approved	
BX	Surgical	Inpatient Facility	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
BX	Surgical	Inpatient Facility	Q67.5	CONGENITAL DEFORMITY OF SPINE	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Denied	CMD
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	G96.191	PERINEURAL CYST	Approved	
BX	Surgical	Inpatient Facility	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	Approved	
BX	Surgical	Inpatient Facility	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	Q67.5	CONGENITAL DEFORMITY OF SPINE	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BX	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BX	Surgical	Inpatient Facility	C67.2	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	Approved	
BX	Surgical	Inpatient Facility	C18.0	MALIGNANT NEOPLASM OF CECUM	Approved	
BX	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BX	Surgical	Inpatient Facility	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	I10	ESSENTIAL (PRIMARY) HYPERTENSION	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	
BX	Surgical	Inpatient Facility	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	Approved	
BX	Surgical	Inpatient Facility	J93.11	PRIMARY SPONTANEOUS PNEUMOTHORAX	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BX	Surgical	Inpatient Facility	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	N13.30	UNSPECIFIED HYDRONEPHROSIS	Approved	
BX	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BX	Surgical	Inpatient Facility	Q25.45	DOUBLE AORTIC ARCH	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	N81.2	INCOMPLETE UTEROVAGINAL PROLAPSE	Approved	
BX	Surgical	Inpatient Facility	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K94.03	COLOSTOMY MALFUNCTION	Approved	
BX	Surgical	Inpatient Facility	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BX	Surgical	Inpatient Facility	D15.1	BENIGN NEOPLASM OF HEART	Approved	
BX	Surgical	Inpatient Facility	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	Approved	
BX	Surgical	Inpatient Facility	S22.42XA	MULTIPLE FX OF RIBS LEFT SIDE INIT FOR CLOS FX	Approved	
BX	Surgical	Inpatient Facility	S37.20XD	USP INJURY OF BLADDER SUBSEQUENT ENCOUNTER	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	K44.0	DIAPHRAGMATIC HERNIA WITH OBST WITHOUT GANGRENE	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
BX	Surgical	Inpatient Facility	S14.3XXA	INJURY OF BRACHIAL PLEXUS, INITIAL ENCOUNTER	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	Approved	
BX	Surgical	Inpatient Facility	R91.1	SOLITARY PULMONARY NODULE	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	Q67.5	CONGENITAL DEFORMITY OF SPINE	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
BX	Surgical	Inpatient Facility	K94.03	COLOSTOMY MALFUNCTION	Approved	
BX	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BX	Surgical	Inpatient Facility	S22.42XA	MULTIPLE FX OF RIBS LEFT SIDE INIT FOR CLOS FX	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Ambulatory Surgery Center	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	Approved	
BX	Surgical	Inpatient Facility	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	Approved	
BX	Surgical	Inpatient Facility	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	Approved	
OC	Surgical	Inpatient Facility	C18.3	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	Approved	
OC	Surgical	Inpatient Facility	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	Approved	
OC	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
OC	Surgical	Inpatient Facility	C18.3	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	Approved	
OC	Surgical	Inpatient Facility	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	
OC	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
OC	Surgical	Inpatient Facility	R05.3	CHRONIC COUGH	Approved	
OC	Surgical	Inpatient Facility	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
OC	Surgical	Inpatient Facility	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	Approved	
OC	Surgical	Inpatient Facility	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	
OC	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C73	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	
OC	Surgical	Inpatient Facility	I71.43	INFREANAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	Approved	
OC	Surgical	Inpatient Facility	C73	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	
OC	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
OC	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
OC	Transplant	Inpatient Facility	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	Approved	
OC	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
OC	Surgical	Inpatient Facility	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	Approved	
OC	Surgical	Inpatient Facility	C49.A0	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	Approved	
OC	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Denied	CMD
OC	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
OC	Surgical	Inpatient Facility	M51.04	INTVRT DISC DISORDERS W MYELPATH THORACIC REGION	Approved	
OC	Surgical	Inpatient Facility	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	Approved	
OC	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	Approved	
OC	Surgical	Inpatient Facility	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	Approved	
OC	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
OC	Surgical	Inpatient Facility	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	Approved	
OC	Surgical	Inpatient Facility	R31.0	GROSS HEMATURIA	Denied	CMD
OC	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
OC	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	Z87.820	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Denied	CMD
OC	Surgical	Inpatient Facility	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	
OC	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	
OC	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	Approved	
OC	Surgical	Inpatient Facility	J84.82	ADULT PULMONARY LANGERHANS CELL HISTIOCYTOSIS	Approved	
OC	Surgical	Inpatient Facility	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	Approved	
OC	Surgical	Inpatient Facility	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
OC	Surgical	Inpatient Facility	I82.462	ACUTE EMBOL AND THROMBOSIS OF L CALF MUSC VEIN	Approved	
OC	Surgical	Inpatient Facility	N85.9	NONINFLAMMATORY DISORDER OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Outpatient Hospital	Z96.653	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	Approved	
OC	Surgical	Inpatient Facility	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	
OC	Surgical	Inpatient Facility	Q75.03	METOPIC CRANIOSYNOSTOSIS	Approved	
OC	Surgical	Inpatient Facility	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	Approved	
OC	Surgical	Inpatient Facility	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Approved	
OC	Surgical	Inpatient Facility	J84.82	ADULT PULMONARY LANGERHANS CELL HISTIOCYTOSIS	Approved	
OC	Surgical	Inpatient Facility	M41.9	SCOLIOSIS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Approved	
OC	Surgical	Inpatient Facility	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	Denied	CMD

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Reason for Denial
OC	Surgical	Inpatient Facility	I72.3	ANEURYSM OF ILIAC ARTERY	Approved	
OC	Surgical	Inpatient Facility	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Denied	Administrative
OC	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	Approved	
OC	Surgical	Inpatient Facility	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	Approved	
OC	Surgical	N/A	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
OC	Surgical	Inpatient Facility	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Approved	
OC	Surgical	Inpatient Facility	I35.2	NONRHEUMATIC AORTIC STENOSIS WITH INSUFFICIENCY	Approved	
OC	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
OC	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
OC	Surgical	Inpatient Facility	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	
OC	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
OC	Surgical	Inpatient Facility	M51.04	INTVRT DISC DISORDERS W MYELPATH THORACIC REGION	Approved	
OC	Surgical	Inpatient Facility	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	Approved	
OC	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
OC	Surgical	Inpatient Facility	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	Approved	
OC	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
OC	Surgical	Inpatient Facility	Z87.820	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	Approved	
OC	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	Approved	
OC	Surgical	Inpatient Facility	Q75.03	METOPIC CRANIOSYNOSTOSIS	Approved	
OC	Surgical	Inpatient Facility	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	Approved	
OC	Surgical	Inpatient Facility	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Approved	
OC	Surgical	Inpatient Facility	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Approved	
OC	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
OC	Surgical	Inpatient Facility	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	Approved	
OC	Surgical	Inpatient Facility	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	Approved	
OC	Surgical	Inpatient Facility	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Approved	
OC	Surgical	Inpatient Facility	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	Approved	
OC	Surgical	Inpatient Facility	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	Approved	
OC	Surgical	Inpatient Facility	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Approved	
OC	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	