

## Medical Overview by Prior Authorization Approval or Denial 4th Quarter 2024

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Surgical	Outpatient Hospital	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	Denied	CMD
BH	Surgical	Inpatient Facility	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	R16.1	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	Approved	
BH	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BH	Surgical	Inpatient Facility	C16.0	MALIGNANT NEOPLASM OF CARDIA	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Outpatient Hospital	N94.6	DYSMENORRHEA, UNSPECIFIED	Voided	
BH	Surgical	Inpatient Facility	Q67.6	PECTUS EXCAVATUM	Approved	
BH	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BH	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	Approved	
BH	Surgical	Inpatient Facility	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	Voided	
BH	Surgical	Inpatient Facility	T84.039A	MECH LOOSENING OF UNSP INT PROSTH JOINT INIT	Approved	
BH	Surgical	Inpatient Facility	J38.6	STENOSIS OF LARYNX	Denied	CMD
BH	Surgical	Inpatient Facility	Z96.612	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	R93.3	AB FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Approved	
BH	Surgical	Inpatient Facility	J43.2	CENTRIOBULAR EMPHYSEMA	Denied	CMD
BH	Surgical	Inpatient Facility	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	Approved	
BH	Surgical	Inpatient Facility	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Voided	
BH	Surgical	Inpatient Facility	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	Approved	
BH	Surgical	Inpatient Facility	N28.9	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	P12.0	CEPHALHEMATOMA DUE TO BIRTH INJURY	Approved	
BH	Surgical	Inpatient Facility	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	Approved	
BH	Surgical	Inpatient Facility	E46	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Approved	
BH	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	S72.301K	USP FX SHAFT OF R FEMUR SB FOR CLS FX W NONUNION	Approved	
BH	Surgical	Inpatient Facility	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	Approved	
BH	Surgical	Inpatient Facility	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	Q05.2	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	Approved	
BH	Surgical	Inpatient Facility	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
BH	Surgical	Inpatient Facility	R10.2	PELVIC AND PERINEAL PAIN	Approved	
BH	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K51.20	ULCERATIVE PROCTITIS WITHOUT COMPLICATIONS	Approved	
BH	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Denied	CMD
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	G40.219	LOC-REL SYM EPI W CMLX PR SEZ NTRCT W/O ST EPI	Approved	
BH	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Voided	
BH	Surgical	Inpatient Facility	S82.013D	DISPL OSTEOCHON FX UNSP PATELLA, 7THD	Approved	
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	R52	PAIN, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	T84.010D	BROKEN INTERNAL RIGHT HIP PROSTH SB ENCOUNTER	Approved	
BH	Surgical	Inpatient Facility	T84.098A	MECH COMPL OF OTHER INTERNAL JOINT PROSTH INIT	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	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	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K60.50	ANORECTAL FISTULA, UNSPECIFIED	Approved	
BH	Surgical	Observation	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	I67.5	MOYAMOYA DISEASE	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BH	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BH	Surgical	Inpatient Facility	M41.9	SCOLIOSIS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	J43.9	EMPHYSEMA, UNSPECIFIED	Denied	CMD
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	T84.50XS	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH SQ	Approved	
BH	Surgical	Inpatient Facility	T84.50XS	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH SQ	Voided	
BH	Surgical	Inpatient Facility	M54.10	RADICULOPATHY, SITE UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Observation	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BH	Surgical	Inpatient Facility	N80.03	ADENOMYOSIS OF THE UTERUS	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BH	Surgical	Inpatient Facility	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	Approved	
BH	Surgical	Inpatient Facility	G45.8	OTH TRANSIENT CEREB ISCHEM ATTACKS AND REL SYND	Approved	
BH	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Voided	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	Approved	
BH	Surgical	Inpatient Facility	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	Approved	
BH	Surgical	Inpatient Facility	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Denied	CMD
BH	Surgical	Inpatient Facility	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	C49.A0	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	Denied	CMD
BH	Surgical	Inpatient Facility	C77.9	SEC AND UNSP MALIG NEOPLASM OF LYMPH NODE UNSP	Denied	CMD
BH	Surgical	Inpatient Facility	S92.011K	DSP FX OF BODY OF R CALCANEUS SB FOR FX W NUN	Approved	
BH	Surgical	Inpatient Facility	C44.310	BASAL CELL CA OF SKIN OF USP PARTS OF FACE	Approved	
BH	Surgical	Inpatient Facility	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Approved	
BH	Surgical	Inpatient Facility	E04.2	NONTOXIC MULTINODULAR GOITER	Approved	
BH	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BH	Surgical	Observation	K35.80	UNSPECIFIED ACUTE APPENDICITIS	Approved	
BH	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BH	Surgical	Inpatient Facility	N32.1	VESICOINTESTINAL FISTULA	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Surgical	Inpatient Facility	K62.3	RECTAL PROLAPSE	Approved	
BH	Surgical	Inpatient Facility	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	Approved	
BH	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	I70.0	ATHEROSCLEROSIS OF AORTA	Approved	
BH	Surgical	Inpatient Facility	Z30.2	ENCOUNTER FOR STERILIZATION	Approved	
BH	Surgical	Inpatient Facility	O35.8XX1	MAT CARE FOR OTH FTL ABNORMALITY AND DAMAG FTS 1	Approved	
BH	Surgical	Inpatient Facility	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Denied	CMD
BH	Surgical	Ambulatory Surgery Center	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	Approved	
BH	Surgical	Inpatient Facility	G47.35	CONG CENTRAL ALVEOLAR HYPOVENTILATION SYNDROME	Approved	
BH	Surgical	Inpatient Facility	M25.361	OTHER INSTABILITY, RIGHT KNEE	Approved	
BH	Transplant	Inpatient Facility	C91.02	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	Approved	
BH	Surgical	Inpatient Facility	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	Approved	
BH	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Denied	CMD
BH	Surgical	Inpatient Facility	R56.9	UNSPECIFIED CONVULSIONS	Withdrawn	
BH	Surgical	Inpatient Facility	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	Approved	
BH	Surgical	Inpatient Facility	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	Approved	
BH	Surgical	Inpatient Facility	M25.361	OTHER INSTABILITY, RIGHT KNEE	Voided	
BH	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	R11.10	VOMITING, UNSPECIFIED	Voided	
BH	Surgical	Inpatient Facility	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Approved	
BH	Surgical	Inpatient Facility	R52	PAIN, UNSPECIFIED	Approved	
BH	Surgical	Ambulatory Surgery Center	M54.16	RADICULOPATHY, LUMBAR REGION	Voided	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	S72.001P	FX USP PRT OF NK OF R FMR SB FOR CLS FX W MALUN	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	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	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	M46.22	OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	K35.32	AC APPENDICITIS PERF LOC PERITON/GANGR W/O ABSCS	Approved	
BH	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Surgical	Inpatient Facility	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	Denied	CMD
BH	Surgical	Inpatient Facility	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
BH	Surgical	Emergency Room	K35.80	UNSPECIFIED ACUTE APPENDICITIS	Approved	
BH	Surgical	Inpatient Facility	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K62.3	RECTAL PROLAPSE	Approved	
BH	Surgical	Inpatient Facility	K59.09	OTHER CONSTIPATION	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	Approved	
BH	Surgical	Inpatient Facility	R52	PAIN, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	D59.10	AUTOIMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Voided	
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	Voided	
BH	Surgical	Inpatient Facility	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	Approved	
BH	Surgical	Inpatient Facility	K63.5	POLYP OF COLON	Approved	
BH	Surgical	Inpatient Facility	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BH	Surgical	Inpatient Facility	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	Denied	CMD
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	M71.38	OTHER BURSAL CYST, OTHER SITE	Voided	
BH	Surgical	Inpatient Facility	T82.7XXA	INF/INFLM REAC D/T OT CARD/VASC DEV/IMP/GRFT INI	Approved	
BH	Surgical	Inpatient Facility	T87.44	INFECTION AMPUTATION STUMP LEFT LOWER EXTREMITY	Approved	
BH	Surgical	Inpatient Facility	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Voided	
BH	Surgical	Inpatient Facility	S01.83XD	PUNCTURE WOUND W/O FB OTH PRT HEAD SUBS ENCNTN	Approved	
BH	Surgical	Inpatient Facility	M15.4	EROSIVE (OSTEO)ARTHRITIS	Denied	CMD
BH	Surgical	Inpatient Facility	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Voided	
BH	Surgical	Inpatient Facility	D14.31	BENIGN NEOPLASM OF RIGHT BRONCHUS AND LUNG	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Voided	

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BH	Surgical	Inpatient Facility	G95.20	UNSPECIFIED CORD COMPRESSION	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	Approved	
BH	Surgical	Inpatient Facility	C34.2	MALIG NEOPLASM OF MIDDLE LOBE BRONCHUS OR LUNG	Approved	
BH	Surgical	Inpatient Facility	C44.41	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK	Voided	
BH	Surgical	Inpatient Facility	C44.41	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK	Approved	
BH	Surgical	Inpatient Facility	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	Approved	
BH	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BH	Surgical	Outpatient Hospital	L90.5	SCAR CONDITIONS AND FIBROSIS OF SKIN		
BH	Surgical	Inpatient Facility	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Transplant	Inpatient Facility	K72.10	CHRONIC HEPATIC FAILURE WITHOUT COMA	Approved	
BH	Surgical	Inpatient Facility	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	K72.00	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA		
BH	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Voided	
BH	Surgical	Inpatient Facility	C16.0	MALIGNANT NEOPLASM OF CARDIA	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	T84.021D	DLOC OF INTERNAL LEFT HIP PROSTHESIS SUBS ENCNTR	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	Approved	
BH	Surgical	Inpatient Facility	I48.21	PERMANENT ATRIAL FIBRILLATION	Approved	
BH	Surgical	Inpatient Facility	D21.0	BEN NEOP OF CONNCTV/SOFT TISS OF HEAD FACE & NK	Approved	
BH	Surgical	Inpatient Facility	R59.0	LOCALIZED ENLARGED LYMPH NODES	Approved	
BH	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	Approved	
BH	Surgical	Inpatient Facility	R59.0	LOCALIZED ENLARGED LYMPH NODES	Voided	
BH	Surgical	Inpatient Facility	S02.2XXA	FRACTURE NASAL BONES INIT FOR CLOSED FRACTURE	Approved	
BH	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BH	Surgical	Inpatient Facility	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	Approved	
BH	Surgical	Inpatient Facility	I36.1	NONRHEUMATIC TRICUSPID (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	D35.01	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Denied	CMD
BH	Surgical	Inpatient Facility	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	Approved	

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BH	Surgical	Inpatient Facility	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	Voided	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Voided	
BH	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BH	Surgical	Inpatient Facility	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Approved	
BH	Surgical	Inpatient Facility	D36.9	BENIGN NEOPLASM, UNSPECIFIED SITE	Denied	CMD
BH	Surgical	Inpatient Facility	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	
BH	Surgical	Inpatient Facility	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	Approved	
BH	Surgical	Inpatient Facility	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Denied	CMD
BH	Surgical	Inpatient Facility	S88.112D	COM TRAUM AMP AT LEV BETW KN&ANKL L LOW LEG SUBS	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	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	C60.9	MALIGNANT NEOPLASM OF PENIS, 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	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	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	Z93.2	ILEOSTOMY STATUS	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	Voided	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	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	M71.38	OTHER BURSAL CYST, OTHER SITE	Voided	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Surgical	Inpatient Facility	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	R16.1	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	Voided	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	Approved	
BH	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	Approved	
BH	Surgical	Inpatient Facility	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	Approved	
BH	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	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	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	T84.50XS	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH SQ	Approved	
BH	Surgical	Inpatient Facility	G45.8	OTH TRANSIENT CEREB ISCHEM ATTACKS AND REL SYND	Approved	
BH	Surgical	Inpatient Facility	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BH	Surgical	Inpatient Facility	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	Approved	
BH	Surgical	Inpatient Facility	I70.0	ATHEROSCLEROSIS OF AORTA	Approved	
BH	Surgical	Inpatient Facility	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Denied	CMD
BH	Surgical	Inpatient Facility	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	Approved	
BH	Surgical	Inpatient Facility	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	Approved	
BH	Surgical	Inpatient Facility	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	Approved	
BH	Surgical	Inpatient Facility			Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	



LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BH	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BH	Surgical	Inpatient Facility	M46.22	OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K59.09	OTHER CONSTIPATION	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	R52	PAIN, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BH	Surgical	Inpatient Facility	D14.31	BENIGN NEOPLASM OF RIGHT BRONCHUS AND LUNG	Approved	
BH	Surgical	Inpatient Facility	G95.20	UNSPECIFIED CORD COMPRESSION	Approved	
BH	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BH	Surgical	Inpatient Facility	C34.2	MALIG NEOPLASM OF MIDDLE LOBE BRONCHUS OR LUNG	Approved	
BH	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BH	Surgical	Inpatient Facility	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I48.21	PERMANENT ATRIAL FIBRILLATION	Approved	
BH	Surgical	Inpatient Facility	D21.0	BEN NEOP OF CONNCTV/SOFT TISS OF HEAD FACE & NK	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	K83.1	OBSTRUCTION OF BILE DUCT	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	Approved	
BH	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	R16.1	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	Approved	
BH	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BH	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BH	Surgical	Inpatient Facility	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	Denied	CMD
BH	Surgical	Inpatient Facility	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	Approved	
BH	Surgical	Inpatient Facility	T84.50XS	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH SQ	Approved	
BH	Surgical	Inpatient Facility	I70.0	ATHEROSCLEROSIS OF AORTA	Approved	
BH	Surgical	Inpatient Facility	M46.22	OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	Q27.30	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	

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BH	Surgical	Inpatient Facility	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Approved	
BH	Surgical	Inpatient Facility	G95.20	UNSPECIFIED CORD COMPRESSION	Approved	
BH	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BH	Surgical	Inpatient Facility	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	Approved	
BH	Surgical	Inpatient Facility	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	Approved	
BH	Surgical	Inpatient Facility	I70.0	ATHEROSCLEROSIS OF AORTA	Approved	
BH	Surgical	Inpatient Facility	M46.22	OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION	Approved	
BH	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BH	Surgical	Inpatient Facility	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Approved	
BH	Surgical	Inpatient Facility	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	Approved	
BH	Surgical	Inpatient Facility	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	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	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K11.8	OTHER DISEASES OF SALIVARY GLANDS	Withdrawn	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Withdrawn	
BX	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BX	Surgical	Inpatient Facility	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Withdrawn	
BX	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BX	Surgical	Ambulatory Surgery Center	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	Approved	
BX	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Denied	
BX	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BX	Surgical	Inpatient Facility	R10.2	PELVIC AND PERINEAL PAIN	Denied	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	Q37.5	CLEFT HARD AND SOFT PALATE WITH UNIL CLEFT LIP	Approved	
BX	Surgical	Inpatient Facility	M15.4	EROSIVE (OSTEO)ARTHRITIS	Approved	
BX	Surgical	Inpatient Facility	M15.4	EROSIVE (OSTEO)ARTHRITIS	Voided	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	Q06.8	OTHER SPECIFIED CONG MALFORM OF SPINAL CORD	Approved	
BX	Surgical	Inpatient Facility	R10.2	PELVIC AND PERINEAL PAIN	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	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	Denial Reason
BX	Surgical	Inpatient Facility	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Approved	
BX	Surgical	Inpatient Facility	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	
BX	Surgical	Inpatient Facility	C67.2	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	Voided	
BX	Surgical	Inpatient Facility	S82.141A	DISPLACED BICONDYLAR FRACTURE RIGHT TIBIA INIT	Approved	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Outpatient Hospital	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Voided	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Voided	
BX	Surgical	Inpatient Facility	S06.343A	TRAUM HEM RIGHT CRB W LOC OF 1-5 HRS 59 MIN INIT	Withdrawn	
BX	Surgical	Inpatient Facility	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	Z98.1	ARTHRODESIS STATUS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	N90.4	LEUKOPLAKIA OF VULVA	Voided	
BX	Surgical	Inpatient Facility	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	
BX	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BX	Surgical	Inpatient Facility	R55	SYNCOPE AND COLLAPSE	Voided	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	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	C64.9	MALIG NEOP OF UNSP KIDNEY EXCEPT RENAL PELVIS	Approved	
BX	Surgical	Inpatient Facility	N20.0	CALCULUS OF KIDNEY	Approved	
BX	Surgical	Inpatient Facility	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	Voided	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Outpatient Hospital	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER		
BX	Surgical	Inpatient Facility	Q37.3	CLEFT SOFT PALATE WITH UNILATERAL CLEFT LIP	Approved	
BX	Surgical	Inpatient Facility	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	Approved	
BX	Surgical	Inpatient Facility	Q24.4	CONGENITAL SUBAORTIC STENOSIS	Withdrawn	
BX	Surgical	Inpatient Facility	K63.2	FISTULA OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	Approved	
BX	Surgical	Inpatient Facility	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	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	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	Voided	
BX	Surgical	Inpatient Facility	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BX	Surgical	Inpatient Facility	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Withdrawn	
BX	Surgical	Inpatient Facility	N20.0	CALCULUS OF KIDNEY	Approved	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Withdrawn	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BX	Surgical	Inpatient Facility	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	Approved	
BX	Transplant	Inpatient Facility	K83.01	PRIMARY SCLEROSING CHOLANGITIS	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BX	Surgical	Inpatient Facility	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Denied	
BX	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
BX	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	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		
BX	Surgical	Inpatient Facility	C18.1	MALIGNANT NEOPLASM OF APPENDIX	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Denied	
BX	Surgical	Ambulatory Surgery Center	M20.12	HALLUX VALGUS (ACQUIRED), LEFT FOOT		
BX	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Withdrawn	
BX	Surgical	Inpatient Facility	N92.6	IRREGULAR MENSTRUATION, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	Approved	
BX	Surgical	Inpatient Facility	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	Approved	
BX	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
BX	Surgical	Inpatient Facility	S22.082A	UNSTABLE BURST FRACTURE OF T11-T12 VERTEBRA INIT	Denied	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	G45.8	OTH TRANSIENT CEREB ISCHEM ATTACKS AND REL SYND	Approved	
BX	Surgical	Inpatient Facility	G45.8	OTH TRANSIENT CEREB ISCHEM ATTACKS AND REL SYND	Voided	
BX	Surgical	Inpatient Facility	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Denied	

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BX	Surgical	Inpatient Facility	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Approved	
BX	Surgical	Inpatient Facility	M86.9	OSTEOMYELITIS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	N83.201	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Denied	
BX	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	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	I05.0	RHEUMATIC MITRAL STENOSIS	Approved	
BX	Surgical	Inpatient Facility	L89.159	PRESSURE ULCER OF SACRAL REGION USP STAGE	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	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	Voided	
BX	Surgical	Inpatient Facility	R06.02	SHORTNESS OF BREATH	Approved	
BX	Surgical	Inpatient Facility	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	Voided	
BX	Surgical	Inpatient Facility	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	Approved	
BX	Surgical	Inpatient Facility	T88.8XXA	OTH COMP OF SURGICAL AND MEDICAL CARE NEC INIT	Approved	
BX	Surgical	Inpatient Facility	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Voided	
BX	Surgical	Inpatient Facility	S82.291D	OT FX SHAFT OF RT TIB SB FOR CLOS FX W ROUT HEAL	Approved	
BX	Surgical	Inpatient Facility	I71.23	ANEURYSM OF THE DESCENDING THRC AORT W/O RUPTURE	Voided	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	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	T84.038D	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT SUBS	Approved	
BX	Surgical	Inpatient Facility	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	Approved	
BX	Surgical	Inpatient Facility	N20.0	CALCULUS OF KIDNEY	Voided	
BX	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	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	Denial Reason
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Voided	
BX	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Approved	
BX	Surgical	Inpatient Facility	N81.2	INCOMPLETE UTEROVAGINAL PROLAPSE		
BX	Surgical	Inpatient Facility	K63.2	FISTULA OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Voided	
BX	Surgical	Inpatient Facility	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Voided	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	Approved	
BX	Surgical	Inpatient Facility	E28.2	POLYCYSTIC OVARIAN SYNDROME	Voided	
BX	Surgical	Inpatient Facility	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Denied	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Voided	
BX	Surgical	Inpatient Facility	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	Approved	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Withdrawn	
BX	Surgical	Inpatient Facility	N13.5	CROSSING VESS&STRIF OF URETER W/O HYDRONEPHROSIS	Voided	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	N32.1	VESICOINTESTINAL FISTULA	Approved	
BX	Surgical	Outpatient Hospital	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST		
BX	Surgical	Inpatient Facility	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	
BX	Surgical	Inpatient Facility	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	Approved	
BX	Surgical	Inpatient Facility	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	Voided	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Voided	
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	Denial Reason
BX	Surgical	Inpatient Facility	K25.7	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERF	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	K59.00	CONSTIPATION, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	Voided	
BX	Surgical	Inpatient Facility	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Voided	
BX	Surgical	Inpatient Facility	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Voided	
BX	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Voided	
BX	Surgical	Inpatient Facility	T88.8XXA	OTH COMP OF SURGICAL AND MEDICAL CARE NEC INIT	Approved	
BX	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
BX	Transplant	Inpatient Facility	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BX	Surgical	Inpatient Facility	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	Voided	
BX	Surgical	Inpatient Facility	C18.0	MALIGNANT NEOPLASM OF CECUM	Approved	
BX	Surgical	Inpatient Facility	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	Approved	
BX	Surgical	Inpatient Facility	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
BX	Surgical	Inpatient Facility	S32.051A	STABLE BURST FRACTURE FIFTH LUMBAR VERTEBRA INIT	Approved	
BX	Surgical	Inpatient Facility	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	Approved	
BX	Surgical	Inpatient Facility	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Withdrawn	
BX	Surgical	Inpatient Facility	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	Withdrawn	
BX	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	Approved	
BX	Surgical	Inpatient Facility	K56.690	OTHER PARTIAL INTESTINAL OBSTRUCTION	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	Voided	
BX	Surgical	Inpatient Facility	N90.4	LEUKOPLAKIA OF VULVA	Voided	
BX	Surgical	Inpatient Facility	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Approved	
BX	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Voided	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BX	Surgical	Inpatient Facility	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	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	Voided	
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	Z98.1	ARTHRODESIS STATUS	Approved	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Withdrawn	
BX	Surgical	Inpatient Facility	C75.3	MALIGNANT NEOPLASM OF PINEAL GLAND	Approved	
BX	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BX	Transplant	Inpatient Facility	C92.01	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Approved	
BX	Surgical	Ambulatory Surgery Center	T84.410A	BREAKDOWN OF MUSCLE AND TENDON GRAFT INIT	Denied	
BX	Surgical	Inpatient Facility	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	Approved	
BX	Surgical	Inpatient Facility	N32.1	VESICOINTESTINAL FISTULA	Approved	
BX	Surgical	Inpatient Facility	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	Withdrawn	
BX	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Denied	
BX	Surgical	Inpatient Facility	E66.813	OBESITY, CLASS 3	Approved	
BX	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	K22.0	ACHALASIA OF CARDIA	Approved	
BX	Surgical	Inpatient Facility	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	Approved	
BX	Surgical	Inpatient Facility	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	N80.9	ENDOMETRIOSIS, UNSPECIFIED	Voided	
BX	Transplant	Inpatient Facility	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	Approved	
BX	Surgical	Outpatient Hospital	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Denied	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	T84.298A	MECH COMPL OF INT FIX DEVICE OF OTH BONES INIT	Approved	
BX	Surgical	Inpatient Facility	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Voided	
BX	Surgical	Inpatient Facility	C61	MALIGNANT NEOPLASM OF PROSTATE	Approved	
BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	Approved	
BX	Surgical	Inpatient Facility	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Voided	
BX	Surgical	Inpatient Facility	N80.9	ENDOMETRIOSIS, UNSPECIFIED	Approved	



LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
BX	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	Approved	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	Q45.8	OTHER SPECIFIED CONG MALFORM OF DIGESTIVE SYSTEM	Approved	
BX	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
BX	Transplant	Inpatient Facility	N18.6	END STAGE RENAL DISEASE	Approved	
BX	Surgical	Inpatient Facility	C73	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	
BX	Surgical	Home	Z93.3	COLOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	R91.1	SOLITARY PULMONARY NODULE	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Approved	
BX	Surgical	Inpatient Facility	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	
BX	Surgical	Inpatient Facility	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	
BX	Surgical	Inpatient Facility	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
BX	Surgical	Inpatient Facility	Z93.2	ILEOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	J86.0	PYOTHORAX WITH FISTULA	Approved	
BX	Surgical	Inpatient Facility	N90.4	LEUKOPLAKIA OF VULVA	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	Denied	
BX	Surgical	Inpatient Facility	C49.A4	GI STROMAL TUMOR OF LARGE INTESTINE	Approved	
BX	Transplant	Inpatient Facility	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	Approved	
BX	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	Q06.8	OTHER SPECIFIED CONG MALFORM OF SPINAL CORD	Approved	
BX	Surgical	Inpatient Facility	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
BX	Surgical	Inpatient Facility	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	
BX	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Voided	
BX	Surgical	Inpatient Facility	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	Approved	

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BX	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
BX	Surgical	Inpatient Facility	K63.2	FISTULA OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	Approved	
BX	Surgical	Inpatient Facility	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Denied	
BX	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
BX	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP 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	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	Approved	
BX	Surgical	Inpatient Facility	M86.9	OSTEOMYELITIS, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Approved	
BX	Surgical	Inpatient Facility	I05.0	RHEUMATIC MITRAL STENOSIS	Approved	
BX	Surgical	Inpatient Facility	R06.02	SHORTNESS OF BREATH	Approved	
BX	Surgical	Inpatient Facility	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Approved	
BX	Surgical	Inpatient Facility	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Voided	
BX	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Voided	
BX	Surgical	Inpatient Facility	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Approved	
BX	Surgical	Inpatient Facility	K63.2	FISTULA OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	Approved	
BX	Surgical	Inpatient Facility	N32.1	VESICOINTESTINAL FISTULA	Approved	
BX	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Partially Denied	
BX	Surgical	Inpatient Facility	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	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	Z93.3	COLOSTOMY STATUS	Approved	
BX	Surgical	Inpatient Facility	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	Approved	
BX	Surgical	Inpatient Facility	S32.051A	STABLE BURST FRACTURE FIFTH LUMBAR VERTEBRA INIT	Approved	
BX	Surgical	Inpatient Facility	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	Approved	
BX	Surgical	Inpatient Facility	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	Approved	
BX	Surgical	Inpatient Facility	K56.690	OTHER PARTIAL INTESTINAL OBSTRUCTION	Approved	
BX	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
BX	Surgical	Inpatient Facility	Z98.1	ARTHRODESIS 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	Denial Reason
BX	Surgical	Inpatient Facility	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Approved	
BX	Surgical	Inpatient Facility	J86.0	PYOTHORAX WITH FISTULA	Approved	
BX	Transplant	Inpatient Facility	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	Voided	
BX	Surgical	Inpatient Facility	G50.0	TRIGEMINAL NEURALGIA	Approved	
BX	Surgical	Inpatient Facility	K63.2	FISTULA OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	I05.0	RHEUMATIC MITRAL STENOSIS	Approved	
BX	Surgical	Inpatient Facility	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	Approved	
BX	Surgical	Inpatient Facility	N32.1	VESICOINTESTINAL FISTULA	Approved	
BX	Surgical	Inpatient Facility	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	Approved	
BX	Surgical	Inpatient Facility	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	Denied	
BX	Surgical	Inpatient Facility	J86.0	PYOTHORAX WITH FISTULA	Approved	
BX	Surgical	Inpatient Facility	K63.2	FISTULA OF INTESTINE	Approved	
BX	Surgical	Inpatient Facility	I05.0	RHEUMATIC MITRAL STENOSIS	Approved	
BX	Surgical	Inpatient Facility	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	Approved	
BX	Surgical	Inpatient Facility	J86.0	PYOTHORAX WITH FISTULA	Approved	
BX	Surgical	Inpatient Facility	I05.0	RHEUMATIC MITRAL STENOSIS	Approved	
BX	Surgical	Inpatient Facility	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	Approved	
BX	Surgical	Inpatient Facility	J86.0	PYOTHORAX WITH FISTULA	Approved	
BX	Surgical	Inpatient Facility	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	Approved	
OC	Surgical	Inpatient Facility	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Voided	
OC	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	Approved	
OC	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Approved	
OC	Surgical	Outpatient Hospital	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER		
OC	Surgical	Inpatient Facility	M54.12	RADICULOPATHY, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	Z93.3	COLOSTOMY STATUS	Approved	
OC	Surgical	Inpatient Facility	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	Approved	
OC	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
OC	Surgical	Inpatient Facility	N94.6	DYSMENORRHEA, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	Approved	
OC	Surgical	Inpatient Facility	I71.010	DISSECTION OF ASCENDING AORTA	Approved	
OC	Surgical	Inpatient Facility	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	Approved	
OC	Surgical	Inpatient Facility	C32.1	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
OC	Surgical	Inpatient Facility	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Voided	
OC	Surgical	Inpatient Facility	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	Approved	
OC	Surgical	Inpatient Facility	I70.222	ATHSCL NATIVE ART OF EXTREM W REST PAIN LEFT LEG	Approved	
OC	Surgical	Inpatient Facility	S72.451A	DISP SPCND FX W/O NTCND EXTN LOW END R FEMUR INI	Approved	
OC	Surgical	Inpatient Facility	M9731XA	PERIPROSTH FX AROUND INTERNAL PROS R SHLD JT INI	Approved	
OC	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
OC	Surgical	Inpatient Facility	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
OC	Surgical	Inpatient Facility	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	Approved	
OC	Surgical	Inpatient Facility	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Approved	
OC	Surgical	Inpatient Facility	T84.098A	MECH COMPL OF OTHER INTERNAL JOINT PROSTH INIT	Approved	
OC	Surgical	Inpatient Facility	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	Approved	
OC	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
OC	Surgical	Inpatient Facility	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	Approved	
OC	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
OC	Surgical	Inpatient Facility	C15.4	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	Approved	
OC	Surgical	Inpatient Facility	N80.30	ENDOMETRIOSIS OF PELVIC PERITONEUM, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Voided	
OC	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	Approved	
OC	Surgical	Inpatient Facility	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	Approved	
OC	Surgical	Inpatient Facility	Q07.00	ARNLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHALUS	Approved	
OC	Surgical	Inpatient Facility	M41.9	SCOLIOSIS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	N80.03	ADENOMYOSIS OF THE UTERUS	Approved	
OC	Surgical	Inpatient Facility	Z93.9	ARTIFICIAL OPENING STATUS, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	
OC	Transplant	Inpatient Facility	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Approved	
OC	Surgical	Inpatient Facility	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	Voided	
OC	Surgical	Inpatient Facility	I72.3	ANEURYSM OF ILIAC ARTERY	Approved	
OC	Surgical	Inpatient Facility	G93.5	COMPRESSION OF BRAIN	Voided	
OC	Surgical	Inpatient Facility	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	Approved	
OC	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
OC	Surgical	Inpatient Facility	N18.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Approved	

LOB	Treatment Type	Place of Service	Primary Diagnosis Code	Diagnosis Description	Review Outcome	Denial Reason
OC	Surgical	Inpatient Facility	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	Approved	
OC	Surgical	Inpatient Facility	M51.9	UNSP THOR THORACOLUM & LUMBOSACR INTVRT DISC DIS	Approved	
OC	Surgical	Inpatient Facility			Voided	
OC	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
OC	Surgical	Inpatient Facility	N94.6	DYSMENORRHEA, UNSPECIFIED	Denied	CMD
OC	Surgical	Inpatient Facility	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	Approved	
OC	Surgical	Inpatient Facility	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	Approved	
OC	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Approved	
OC	Surgical	Inpatient Facility	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	I71.010	DISSECTION OF ASCENDING AORTA	Approved	
OC	Surgical	Inpatient Facility	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	Approved	
OC	Surgical	Inpatient Facility	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	Approved	
OC	Surgical	Inpatient Facility	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
OC	Surgical	Inpatient Facility	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	
OC	Surgical	Inpatient Facility	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	Approved	
OC	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	Approved	
OC	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	M25.561	PAIN IN RIGHT KNEE	Voided	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	
OC	Surgical	Inpatient Facility	C20	MALIGNANT NEOPLASM OF RECTUM	Approved	