

## Prior Authorization Statistics

### 3rd Quarter 2025

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J2405	Ondansetron hcl injection	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J2562	Plerixafor injection	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
MEDICAREADV	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J1451	Fomepizole, 15 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J1448	Injection, trilaciclib, 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9181	Etoposide injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	Q5108	Injection, fulphila	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9045	Carboplatin injection	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.7	FIBROMYALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.7	FIBROMYALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	E74.02	POMPE DISEASE	J0219	Inj aval alfa-nqpt 4mg	Approved	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9060	Cisplatin 10 mg injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3480	Inj potassium chloride	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J7040	Normal saline solution infus	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J8540	Oral dexamethasone	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3475	Inj magnesium sulfate	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9208	Ifosfamide injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1938	Inj, furosemide, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9267	Paclitaxel injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J0185	Inj., aprepitant, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1100	Dexamethasone sodium phos	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	Q5117	Inj., kanjinti, 10 mg	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J7050	Normal saline solution infus	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1100	Dexamethasone sodium phos	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2469	Palonosetron hcl	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	I24.9	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R479	UNSPECIFIED SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9370	Vincristine sulfate 1 mg inj	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9181	Etoposide injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J9073	Inj cyclophos dr reddys 5 mg	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J7050	Normal saline solution infus	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	J2469	Palonosetron hcl	Approved	

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EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH IN-TRA-ABD LYMPH NODES	J9000	Doxorubicin hcl injection	Approved	
EXCHNG	Inpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH IN-TRA-ABD LYMPH NODES	Q5122	Inj, nyvepria	Approved	
BAAA	Medical Benefit Drug	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	Q5122	Inj, nyvepria	Approved	
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	27030	ARTHROTOMY HIP W/DRAINAGE	Approved	
BAAA	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	Approved	
BAAA	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	Approved	
EXCHNG	Inpatient	Q22.5	EBSTEIN'S ANOMALY	33465	REPLACEMENT TRICUSPID VALVE W/ CARD BYPASS	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C77.0	SEC & UNSP MALIG NEOP OF NODES OF HEAD FACE & NK	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C77.0	SEC & UNSP MALIG NEOP OF NODES OF HEAD FACE & NK	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C77.0	SEC & UNSP MALIG NEOP OF NODES OF HEAD FACE & NK	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
FEP	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	23430	TENODESIS LONG TENDON BICEPS	Approved	
FEP	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	Approved	
FEP	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	567	ANES DIRECT CABG W/PUMP OXYGENATOR	Approved	

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SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMEN NONC SINUS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ASEPSE	Outpatient	G90.09	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N81.84	PELVIC MUSCLE WASTING	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.311D	STR MSL/FASC/TND POST GRP AT THI LEV R THI SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	N64.4	MASTODYNIA	19316	MASTOPEXY	Approved	
ASEPSE	Outpatient	N64.4	MASTODYNIA	19318	BREAST REDUCTION	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	C64.9	MALIG NEOP OF UNSP KIDNEY EXCEPT RENAL PELVIS	S9126	Hospice care, in the home, p	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	

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ABCBS	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Approved	
HA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
ASEPSE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.891D	OTH FX R LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	Q5121	Inj. avsola, 10 mg	Approved	
BAAA	Inpatient	O14.03	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S22.20XD	UNSP FRACTURE STERNUM SUBS FOR FX W ROUTN HEAL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	S22.20XD	UNSP FRACTURE STERNUM SUBS FOR FX W ROUTN HEAL	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	S22.20XD	UNSP FRACTURE STERNUM SUBS FOR FX W ROUTN HEAL	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	S22.20XD	UNSP FRACTURE STERNUM SUBS FOR FX W ROUTN HEAL	S9128	Speech therapy, in the home,	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
FEP	Inpatient	E80.6	OTHER DISORDERS OF BILIRUBIN METABOLISM	99477	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M31.7	MICROSCOPIC POLYANGIITIS	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	E10.42	TYPE 1 DIAB MEL WITH DIABETIC POLYNEUROPATHY	J9381	Inj teplizumab mzwv 5 mcg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S33.6XXD	SPRAIN OF SACROILIAC JOINT, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ABCBS	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	S9126	Hospice care, in the home, p	Approved	
EXCHNG	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	Q5001	Hospice or home hlth in home	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIO-MYOPATHY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIO-MYOPATHY	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIO-MYOPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I71.00	DISSECTION OF UNSPECIFIED SITE OF AORTA	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.00	DISSECTION OF UNSPECIFIED SITE OF AORTA	35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.00	DISSECTION OF UNSPECIFIED SITE OF AORTA	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	S9359	Hit anti-tnf per diem	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	I63.81	OTH CEREB INFRC D/T OCCLS OR STENOS OF SMALL ART	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	M26.602	LEFT TEMPOROMANDIBULAR JOINT DISORDER UNSP	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	M26.602	LEFT TEMPOROMANDIBULAR JOINT DISORDER UNSP	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M26.602	LEFT TEMPOROMANDIBULAR JOINT DISORDER UNSP	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
FEP	Outpatient	Z98.61	CORONARY ANGIOPLASTY STATUS	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
OCTAVE	Medical Benefit Drug	G43.011	MIGRAINE WITHOUT AURA INTRACT WITH STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M26.603	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER UNSP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M24.111	OTHER ART CARTILAGE DISORDERS RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.091D	INJ MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
ABCBS	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	J1823	Inj. inebilizumab-cdon, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	B9004	Parenteral infus pump portab	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.292D	OT DSP FX OF UP END L HMRS SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61510	CRANIECTREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRCTCT CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M7731	CALCANEAL SPUR, RIGHT FOOT	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M7731	CALCANEAL SPUR, RIGHT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M7731	CALCANEAL SPUR, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M7731	CALCANEAL SPUR, RIGHT FOOT	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M7731	CALCANEAL SPUR, RIGHT FOOT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
OCTAVE	Outpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	J45.51	SEVERE PERSISTENT ASTHMA WITH EXACERBATION	J2182	Injection, mepolizumab, 1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q74.2	OTH CONGEN MALFORM OF LOWER LIMB INC PELV GIRDLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	
FEP	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	Approved	Administrative Approval
FEP	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	G31.84	MILD COGN IMPAIRMENT UNCERTAIN/ UNKNOWN ETIOLOGY	J0174	Inj, lecanemab-irmb, 1 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32507	THORACOTOMY W/DX WEDGE RESEXN & AN TOM LUNG RESE	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
SKAI_BLUE	Outpatient	R91.1	SOLITARY PULMONARY NODULE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C7A.012	MALIGNANT CARCINOID TUMOR OF THE ILEUM	J1930	Lanreotide injection	Approved	
MEDICAREADV	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
SKAI_BLUE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	M86.672	OTHER CHRONIC OSTEOMYELITIS, LEFT ANKLE AND FOOT	28122	PRTL_EXC B1 TARSA/METAR B1 XCP TALUS/CALCANEUS	Approved	
SKAI_BLUE	Inpatient	M86.672	OTHER CHRONIC OSTEOMYELITIS, LEFT ANKLE AND FOOT	28810	AMPUTATION METATARSAL W/TOE SINGLE	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	G0151	Hhcx-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	G0299	Hhs/hospice of rn ea 15 min	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELEZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.661	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9127	Social work visit, in the ho	Denied	
EXCHNG	Outpatient	F50.010	ANOREXIA NERVOSA, RESTRICTING TYPE, MILD	S9480	Intensive outpatient psychia	Approved	
ASEPSE	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	Q5106	Inj retacrit non-esrd use	Approved	
EXCHNG	Medical Benefit Drug	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	J2802	Inj, romiplostim 1 microgram	Approved	
ASEPSE	Outpatient	E65	LOCALIZED ADIPOSITTY	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30465	REPAIR NASAL VESTIBULAR STENOSIS	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	M24.221	DISORDER OF LIGAMENT, RIGHT ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	N81.6	RECTOCELE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	N81.6	RECTOCELE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.692A	OTH FX LOWER END OF LEFT ULNA INIT FOR CLOS FX	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	K94.09	OTHER COMPLICATIONS OF COLOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	K94.09	OTHER COMPLICATIONS OF COLOSTOMY	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
ABCBS	Outpatient	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	H2036	A/d tx program, per diem	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J9073	Inj cyclophos dr reddys 5 mg	Approved	
EXCHNG	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSA-CR INTVRT DISC DIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	B4035	Enteral feed supp pump per d	Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	S22.050A	WEDGE COMPRSN FRACTURE OF T5-T6 VERTEBRA INIT	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Approved	
SKAI_BLUE	Inpatient	S22.050A	WEDGE COMPRSN FRACTURE OF T5-T6 VERTEBRA INIT	22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R33.8	OTHER RETENTION OF URINE	64585	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	Approved	
ASEPSE	Outpatient	R33.8	OTHER RETENTION OF URINE	95972	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	Approved	
ASEPSE	Outpatient	R33.8	OTHER RETENTION OF URINE	64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	N32.1	VESICOINTESTINAL FISTULA	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
SKAI_BLUE	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	R06.83	SNORING	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Medical Benefit Drug	G24.8	OTHER DYSTONIA	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
BAAA	Medical Benefit Drug	G24.8	OTHER DYSTONIA	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
BAAA	Medical Benefit Drug	G24.8	OTHER DYSTONIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
BAAA	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	27279	ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	77003	FLUOR NEEDLE/CATH SPINE/PARASPI-NAL DX/THER ADDON	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTA-TION 7-12 VRT SEG	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Approved	
EXCHNG	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	22840	POSTERIOR NON-SEGMENTAL INSTRU-MENTATION	Approved	
EXCHNG	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92523	EVAL SPEECH SOUND PRODUCT LAN-GUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LAN-GUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S42.202D	UNSP FX UP END OF L HMRS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	S9129	Occupational therapy, in the	Partially Denied	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRO	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Partially Denied	Administrative Approval
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	B4035	Enteral feed supp pump per d	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	S46.112A	STR MUSC/FSC/TEND LONG HEAD OF BICEP L ARM INI	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S46.112A	STR MUSC/FSC/TEND LONG HEAD OF BICEP L ARM INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	H02.403	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	67900	REPAIR BROW PTOSIS	Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	S22.000A	WEDGE COMPRSN FX UNSP THORACIC VERTEBRA INIT	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Approved	
ASEPSE	Inpatient	E74.21	GALACTOSEMIA	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.2	NONRHEUMATIC AORTIC STENOSIS WITH INSUFFICIENCY	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.2	NONRHEUMATIC AORTIC STENOSIS WITH INSUFFICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.2	NONRHEUMATIC AORTIC STENOSIS WITH INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	S72.142A	DISPLACED INTROCH FRACTURE OF LEFT FEMUR INIT	27236	OPTX FEM FX PROX END NCK INT FIXJ/ PROSTC RPLCMT	Approved	

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SKAI_BLUE	Inpatient	S72.142A	DISPLACED INTROCH FRACTURE OF LEFT FEMUR INIT	27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	Approved	
ASEPSE	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.10	UNILATERAL PRIMARY OSTEOARTH UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	37226	REVSC OPN/PRO FEM/POP W/STNT/ANGIOP SM VSL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	37230	REVSC OPN/PRO TIB/PERO W/STNT/ANGIOP SM VSL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93567	NJX DRG C-CATHJ SUPRAVALVULAR AORTOGRAPHY S&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93573	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY BI	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93597	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	75827	VENOGRAPHY CAVAL SUPERIOR SERILOGRAPHY RS&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93463	MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93569	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY UNI	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93568	NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	75825	VENOGRAPHY CAVAL INFERIOR SERILOGRAPHY RS&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93596	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93569	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY UNI	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93568	NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93596	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93573	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY BI	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	75827	VENOGRAPHY CAVAL SUPERIOR SERI-LOGRAPHY RS&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93567	NJX DRG C-CATHJ SUPRAVALVULAR AORTOGRAPHY S&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93463	MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	75825	VENOGRAPHY CAVAL INFERIOR SERI-LOGRAPHY RS&I	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93597	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	S62.024A	NDSP FX OF MID 3RD OF NAVIC BONE OF R WRIST INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
SKAI_BLUE	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Approved	
ASEPSE	Outpatient	S92.911A	UNSP FRACTURE OF RIGHT TOE(S), INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C56.2	MALIGNANT NEOPLASM OF LEFT OVARY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ASEPSE	Outpatient	S80.01XA	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	
ASEPSE	Outpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32669	THORACOSCOPY W/SEGMENTECTOMY	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z3A.40	40 WEEKS GESTATION OF PREGNANCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	S9128	Speech therapy, in the home,	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9209	Mesna injection	Approved	
SKAI_BLUE	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9185	Fludarabine phosphate inj	Approved	
SKAI_BLUE	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	
SKAI_BLUE	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	S9990	Services provided as part of	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
ABCBS	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S89.92XA	USP INJURY OF LEFT LOWER LEG INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9123	Nursing care in home rn	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Inpatient	I65.23	OCCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I48.21	PERMANENT ATRIAL FIBRILLATION	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
EXCHNG	Inpatient	I48.21	PERMANENT ATRIAL FIBRILLATION	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
EXCHNG	Inpatient	I48.21	PERMANENT ATRIAL FIBRILLATION	33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Approved	
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M12.812	OTH SPECIFIC ARTHROPATHIES, NEC, LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M19.112	POST-TRAUMATIC OSTEOARTHRITIS, LEFT SHOULDER	23430	TENODESIS LONG TENDON BICEPS	Approved	
MEDICAREADV	Outpatient	M19.112	POST-TRAUMATIC OSTEOARTHRITIS, LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
BAAA	Medical Benefit Drug	G37.81	MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTB DISEASE	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Inpatient	T81.42XA	INFCT FOL PROC, DEEP INCISIONAL SRG SITE, INIT	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	
OCTAVE	Inpatient	T81.42XA	INFCT FOL PROC, DEEP INCISIONAL SRG SITE, INIT	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1569	Gammagard liquid injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
BAAA	Medical Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
BAAA	Medical Benefit Drug	G43.E19	CHRNK MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9060	Cisplatin 10 mg injection	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1100	Dexamethasone sodium phos	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	
ASEPSE	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	

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SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2066	Breast gap flap reconst	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ARSTATEPOLICE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	E85.9	AMYLOIDOSIS, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
BAAA	Medical Benefit Drug	G43.E01	CHRONIC MIGRAINE W AURA NOT INTRACT W STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27466	OSTEOPLASTY FEMUR LENGTHENING	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	
BAAA	Inpatient	C22.0	LIVER CELL CARCINOMA	Q5006	Hospice in hospice facility	Approved	
ABCBS	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C53.1	MALIGNANT NEOPLASM OF EXOCERVIX	J9273	Inj tisotu vedotin-tftv, 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C53.1	MALIGNANT NEOPLASM OF EXOCERVIX	J2405	Ondansetron hcl injection	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C18.1	MALIGNANT NEOPLASM OF APPENDIX	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Pharmacy Benefit Drug	M31.6	OTHER GIANT CELL ARTERITIS	J3262	Tocilizumab injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Approved	
MEDICAREADV	Pharmacy Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	J0129	Abatacept injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G04.81	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	G4033	Skilled nursing facility ss	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.001A	UNSP INJ MUS/TEND THE ROTATOR CUFF OF R SHLD INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Q25.43	CONGENITAL ANEURYSM OF AORTA	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H91.93	UNSPECIFIED HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Partially Denied	
FEP	Outpatient	H93.293	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	
FEP	Outpatient	H90.41	SNSRNRL HEAR L UNI R EAR W UNRES HEAR CNTRA SIDE	V5257	Hearing aid, digit, mon, bte	Approved	
EXCHNG	Outpatient	M25.361	OTHER INSTABILITY, RIGHT KNEE	73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Inpatient	K56.7	ILEUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	R41.840	ATTENTION AND CONCENTRATION DEFICIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.011D	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S69.82XA	OTH INJURIES OF LEFT WRIST HAND AND FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.320	OT CERV DISC DEGENERATION MID-CRV RG USP LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.52	BURSITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	S52.592A	OTH FX OF LOWER END OF LEFT RAD INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G58.9	MONONEUROPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	M20.011	MALLET FINGER OF RIGHT FINGER(S)	97763	ORTHOTICS/PROSTH MGMT &/TRAIING SBSQ ENCTR 15 MIN	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	B02.9	ZOSTER WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z38.01	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN	59409	VAGINAL DELIVERY ONLY	Approved	
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.81	OTHER MALAISE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M22.40	CHONDROMALACIA PATELLAE, UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M50.323	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	22856	TOTAL DISC ARTHRP ANT SINGLE INTER-SPACE CERVICAL	Approved	
SKAI_BLUE	Outpatient	M50.323	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Approved	
BAAA	Outpatient	Z36.89	ENCOUNTER FOR OTHER ANTENATAL SCREENING	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
FEP	Inpatient	H44.19	OTHER ENDOPHTHALMITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	M26.632	ART DISC DIS OF LEFT TEMPOROMANDIBULAR JOINT	21240	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	Approved	
SKAI_BLUE	Inpatient	M26.632	ART DISC DIS OF LEFT TEMPOROMANDIBULAR JOINT	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/ BONE GRAFTS	Approved	
SKAI_BLUE	Inpatient	M26.632	ART DISC DIS OF LEFT TEMPOROMANDIBULAR JOINT	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Inpatient	M26.632	ART DISC DIS OF LEFT TEMPOROMANDIBULAR JOINT	21196	RCNSTJ MNDBLR RAMI&/BDY SGT L SPLIT W/INT RGD FI	Approved	
EXCHNG	Inpatient	Z05.9	OBS&EVAL OF NB FOR USP SUSPECTED COND RULED OUT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.08	SMALL CELL B-CELL LYMPH LYMPH NODES OF MLT SITES	J9000	Doxorubicin hcl injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.08	SMALL CELL B-CELL LYMPH LYMPH NODES OF MLT SITES	J9073	Inj cyclophos dr reddys 5 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.08	SMALL CELL B-CELL LYMPH LYMPH NODES OF MLT SITES	Q5115	Inj truxima 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.08	SMALL CELL B-CELL LYMPH LYMPH NODES OF MLT SITES	J0185	Inj., aprepitant, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.08	SMALL CELL B-CELL LYMPH LYMPH NODES OF MLT SITES	J2469	Palonosetron hcl	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R17	UNSPECIFIED JAUNDICE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Q5006	Hospice in hospice facility	Approved	
BAAA	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	I67.5	MOYAMOYA DISEASE	61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	Approved	
OCTAVE	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
FEP	Outpatient	H90.5	UNSPECIFIED SENSORINEURAL HEARING LOSS	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1568	Octagam injection	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	0075T	TCAT PLMT XTRC VRT CRTD STENT RS&I PRQ 1ST VSL	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	G0283	Elec stim other than wound	Partially Denied	
HA	Outpatient	N39.41	URGE INCONTINENCE	64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	Approved	
HA	Outpatient	N39.41	URGE INCONTINENCE	64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.230	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	Approved	
EXCHNG	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G50.0	TRIGEMINAL NEURALGIA	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G50.0	TRIGEMINAL NEURALGIA	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	
OCTAVE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
OCTAVE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	47100	BIOPSY LIVER WEDGE	Approved	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	47380	ABLTJ OPN 1/> LVR TUM RF	Approved	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDVTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E83.52	HYPERCALCEMIA	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
BAAA	Outpatient	N85.2	HYPERTROPHY OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	
SKAI_BLUE	Inpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	S9123	Nursing care in home rn	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	C84.7A	ANPLST LARGE CELL LYMPHOMA, ALK-NEGATIVE, BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22830	EXPLORATION SPINAL FUSION	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	

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ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35091	DIR RPR ANEURYSM ABDOM AORTA W/ VISCERAL VESSELS	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VLSLS	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Approved	
ASEPSE	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	
HA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	58670	LAPAROSCOPY FULGURATION OVIDUCTS	Approved	
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	G89.28	OTHER CHRONIC POSTPROCEDURAL PAIN	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0717	Certolizumab pegol inj 1mg	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	R94.5	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H30.041	FOCAL CHORIORETIN INF MACU OR PARAMACULAR R EYE	J7312	Dexamethasone intra implant	Approved	
ASEPSE	Outpatient	M84.471D	PTH FX RIGHT ANKLE SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89258	CRYOPRSRV EMBRYO	Partially Denied	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.42	CHONDROMALACIA PATELLAE, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M22.42	CHONDROMALACIA PATELLAE, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESECT INFERIOR TURBINATE PRTL/COMPL	Approved	
ASEPSE	Outpatient	J38.00	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	
SKAI_BLUE	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	
SKAI_BLUE	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIzed	Approved	
SKAI_BLUE	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	O13.3	GESTATNL HTN W/O SIGNIFICANT PROTEIN THIRD TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	
BAAA	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	

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SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35221	REPAIR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	Approved	
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	Approved	
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Approved	
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35102	DIR RPR ANEURYSM ABDOM AORTA W/ ILIAC VESSELS	Approved	
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VLSLS	Approved	
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VLSLS	Approved	
HA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35091	DIR RPR ANEURYSM ABDOM AORTA W/ VISCERAL VESSELS	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	S2900	Robotic surgical system	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	T82.7XXA	INF/INFLM REAC D/T OT CARD/VASC DEV/IMP/GRFT INI	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
EXCHNG	Inpatient	R04.2	HEMOPTYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	

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OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	62165	NUNDSC ICRA EXC PITUITRYTUMTRN-SNSL/SPHENOID	Approved	
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
ASEPSE	Outpatient	M99.09	SEG AND SOMATIC DYSFUNCTION OF ABD AND OTH RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	V09.9XXA	PED INJURED IN UNSPTRANSPORT ACCIDENT INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	S9338	Hit immunotherapy diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	D80.0	HEREDITARY HYPOGAMMAGLOBULINEMIA	J1561	Gamunex-c/gammaked	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.0	TRACHEOSTOMY STATUS	20910	CARTILAGE GRAFT COSTOCHONDRAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.0	TRACHEOSTOMY STATUS	31622	BRNCHSC INCL FLUOR GDNCE DXW/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.0	TRACHEOSTOMY STATUS	31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.0	TRACHEOSTOMY STATUS	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.0	TRACHEOSTOMY STATUS	21230	GRAFT RIB CRTLG AUTOGENOUS FACE/ CHIN/NOSE/EAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	D70.2	OTHER DRUG-INDUCED AGRANULOCYTOSIS	J1447	Inj tbo filgrastim 1 microg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	11981	INSERTION DRUG DELIVERY IMPLANT	Approved	
MEDICAREADV	Inpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9380	Inj teclistamab cqyv 0.5 mg	Approved	Administrative Approval
FEP	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9380	Inj teclistamab cqyv 0.5 mg	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27095	INJECTION HIP ARTHROGRAPHY W/ ANESTHESIA	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	73525	RADEX HIP ARTHROGRAPHY RS&I	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27256	TX SPONTAN HIP DISLC ABDCT SPLNT/ TRCJ W/O ANES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPNTNT VEINS	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	

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ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
OCTAVE	Inpatient	O02.1	MISSED ABORTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C71.0	MALIG NEOP OF CEREB EXCEPT LOBES AND VENTRICLES	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
SKAI_BLUE	Inpatient	C71.0	MALIG NEOP OF CEREB EXCEPT LOBES AND VENTRICLES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ASEPSE	Outpatient	S83.272A	CMPLX TEAR OF LAT MENS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Partially Denied	
ASEPSE	Outpatient	S06.0X0D	CONCUSSION WITHOUT LOSS OF CONS SUBS ENCNR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	G62.9	POLYNEUROPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
ASEPSE	Outpatient	J43.2	CENTRIOBULAR EMPHYSEMA	99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q870	CONGEN MALFORM SYND PREDOM AFF FACIAL APPEARANCE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	Approved	
BAAA	Inpatient	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	
BAAA	Inpatient	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	

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SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M93.962	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D43.1	NEOP OF UNCERTAIN BEHAV OF BRAIN INFRATENTORIAL	61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	Approved	
SKAI_BLUE	Inpatient	D43.1	NEOP OF UNCERTAIN BEHAV OF BRAIN INFRATENTORIAL	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	Approved	
EXCHNG	Outpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiv, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M13.80	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
HA	Medical Benefit Drug	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	Q5118	Inj., zirabev, 10 mg	Approved	

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ASEPSE	Outpatient	G31.09	OTHER FRONTOTEMPORAL NEUROCOGNITIVE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	Approved	
ARSTATEPOLICE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	57288	SLING OPERATION STRESS INCONTINENCE	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	T81.49XA	INFECTION FOL A PROCEDURE, OTHER SRG SITE, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	97597	DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	Approved	
SKAI_BLUE	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
BAAA	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J9022	Inj, atezolizumab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J9223	Inj. lurbinectedin, 0.1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19328	REMOVAL INTACT BREAST IMPLANT	Approved	
SKAI_BLUE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	S2068	Breast diep or siea flap	Approved	

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ASEPSE	Outpatient	S72.91XD	UNSP FX R FEMUR SUBS FOR CLOS FX W ROUNTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5107	Inj mvasi 10 mg	Approved	
FEP	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S66.811S	STR MUSC/FASC/TEND AT WRSHND LV RIGHT HAND SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D59.6	HEMOGLOBINURIA D/T HEMOLYSIS FROM OTHER EXT COZ	J1299	Inj, eculizumab, 2 mg	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	E11.69	TYPE 2 DIAB MEL WITH OTHER SPECIFIED COMPL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q68.0	CONG DEFORMITY OF STERNOCLEIDOMASTOID MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Q22.5	EBSTEIN'S ANOMALY	33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Inpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	27310	ARTHRT KNE W/EXPL DRG/RMVL FB	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M79.18	MYALGIA, OTHER SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20680	REMOVAL IMPLANT DEEP	Approved	
MEDICAREADV	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
MEDICAREADV	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Medical Benefit Drug	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	J9271	Inj pembrolizumab	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	S9127	Social work visit, in the ho	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.7	FIBROMYALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I83.11	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INF	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
BAAA	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	47531	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	Approved	
BAAA	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	Approved	
BAAA	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRCT	Approved	

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ASEPSE	Outpatient	S80.02XD	CONTUSION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	J0897	Denosumab injection	Approved	
EXCHNG	Inpatient	H40.9	UNSPECIFIED GLAUCOMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.0	DISORIENTATION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z73.4	INADEQUATE SOCIAL SKILLS NOT ELSEWHERE CLAS	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	Z73.4	INADEQUATE SOCIAL SKILLS NOT ELSEWHERE CLAS	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	Z73.4	INADEQUATE SOCIAL SKILLS NOT ELSEWHERE CLAS	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
EXCHNG	Inpatient	O60.00	PRETERM LABOR WITHOUT DELIVERY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27310	ARTHRT KNE W/EXPL DRG/RMVL FB	Approved	
SKAI_BLUE	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27487	REJV TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1299	Inj, eculizumab, 2 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	

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ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
BAAA	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
BAAA	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G82.20	PARAPLEGIA, UNSPECIFIED	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G82.20	PARAPLEGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G82.20	PARAPLEGIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ARSTATEPOLICE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	G56.22	LESION OF ULNAR NERVE, LEFT UPPER LIMB	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	

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SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRO ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	75989	RADIOLOGICAL GUIDANCE PRO DRG W/ PLMT CATH RS&I	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32674	THORACOSCOPY W/MEDIASTINL & REGIONAL LYMPHDENECTOMY	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32557	PERO DRAINAGE PLEURA INSERT CATH W/IMAGING	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32650	THORACOSCOPY W/PLEURODESIS	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I13.0	HYP HRT&CHR KD DIS W HRT FAIL&STG 1-4/USP CHR KD	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Outpatient	Z36.0	ENCTR ANTENATAL SCREENING FOR CHRMO SML ANOMAL	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	F52.21	MALE ERECTILE DISORDER	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ABCBS	Medical Benefit Drug	M45.9	ANKYLOSING SPONDYLITIS OF USP SITES IN SPINE	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.232D	CMPLX TEAR OF MEDIAL MENS CRNT INJ L KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4034	Enter feed supkit syr by day	Approved	
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B9998	Enteral supp not otherwise c	Approved	
ASEPSE	Outpatient	R63.4	ABNORMAL WEIGHT LOSS	B4152	Ef calorie dense>=1.5kcal	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M19.131	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	Z85.41	PERSONAL HISTORY OF MALIG NEOP OF CERVIX UTERI	J9273	Inj tisotu vedotin-tftv, 1mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	

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MEDICAREADV	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
SKAI_BLUE	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
EXCHNG	Inpatient	K43.3	PARASTOMAL HERNIA WITH OBST WITHOUT GANGRENE	49622	RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	K74.69	OTHER CIRRHOSIS OF LIVER	Q5005	Hospice, inpatient hospital	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	19318	BREAST REDUCTION	Approved	
ABCBS	Inpatient	D73.4	CYST OF SPLEEN	38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D73.4	CYST OF SPLEEN	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D73.4	CYST OF SPLEEN	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G81.94	HEMIPLEGIA USP AFFECTING LEFT NON-DOMINANT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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SKAI_BLUE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	S9131	Pt in the home per diem	Approved	
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
FEP	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	39220	RESECTION MEDIASTINAL TUMOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	G80.8	OTHER CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

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EXCHNG	Inpatient	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q65.9	CONGENITAL DEFORMITY OF HIP, UNSPECIFIED	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	L03.032	CELLULITIS OF LEFT TOE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	G57.92	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G57.92	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G57.92	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G57.92	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G57.92	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	E83.39	OTHER DISORDERS OF PHOSPHORUS METABOLISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	

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ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Medical Benefit Drug	M31.31	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.00	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.00	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	S22.000A	WEDGE COMPRSN FX UNSP THORACIC VERTEBRA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	S83.232A	CMPLX TEAR OF MEDIAL MENSJ CRNT INJ L KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0589	Inj daxibotulinumtoxina-lanm	Approved	
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	M25.529	PAIN IN UNSPECIFIED ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5108	Injection, fulphila	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	92235	FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	92018	COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	66711	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	Approved	
SKAI_BLUE	Inpatient	Q75.022	CORONAL CRANIOSYNOSTOSIS, BILATERAL	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	S66.822A	LAC MUSC/FASC/TEND AT WRSHND LV LEFT HAND INIT	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	S66.822A	LAC MUSC/FASC/TEND AT WRSHND LV LEFT HAND INIT	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Approved	
ASEPSE	Outpatient	S66.822A	LAC MUSC/FASC/TEND AT WRSHND LV LEFT HAND INIT	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	S16.1XXD	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.121D	DSP FX OF ACROMIAL PR R SHLD SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Medical Benefit Drug	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	M19.112	POST-TRAUMATIC OSTEOARTHRITIS, LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	I69.320	APHASIA FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76857	US PELVIC NONOBSTETRIC IMAGE DC-MTN LIMITED/F/U	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89254	OOCYTE ID FROM FOLLICULAR FLU	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89291	BX OOCYTE MICROTOQ >5 EMBRY	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76948	US GUIDANCE ASPIRATION OVA IMG S&I	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	84702	GONADOTROPIN CHORIONIC QUANTITATIVE	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89258	CRYOPRSRV EMBRYO	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89260	SPRM ISOL SMPL PREP INSEMINATION/ DX SEMEN ALYS	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89250	CUL OOCYTE/EMBRYO <4 DAYS	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	82670	ASSAY OF TOTAL ESTRADIOL	Partially Denied	

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BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89290	BX OOCYTE POLR BDY/EMBRY BLST MICROTQ <= 5 EMBRY	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	83002	GONADOTROPIN LUTEINIZING HORMONE	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	84144	ASSAY OF PROGESTERONE	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89280	ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89342	STORAGE PER YEAR EMBRYO	Partially Denied	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Partially Denied	
BAAA	Medical Benefit Drug	E11.69	TYPE 2 DIAB MEL WITH OTHER SPECIFIED COMPL	J1306	Injection, inclisiran, 1 mg	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERO CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
MEDICAREADV	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
MEDICAREADV	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
MEDICAREADV	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
MEDICAREADV	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	I83.11	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INF	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
OCTAVE	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
BAAA	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
BAAA	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S66.392A	INJ EXTN MUS/FSC/TND R MID FINGER@ WRS/HND LV INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	K92.0	HEMATEMESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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BAAA	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ABCBS	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.1	GENETIC TORSION DYSTONIA	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.1	GENETIC TORSION DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.1	GENETIC TORSION DYSTONIA	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M45.9	ANKYLOSING SPONDYLITIS OF USP SITES IN SPINE	J3247	Inj secukinumab intrav 1mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	J1071	Inj testosterone cypionate	Approved	
ASEPSE	Outpatient	I83.892	VARICOSE VEINS OF L LO EXTRM W OTH COMPLICATIONS	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I83.892	VARICOSE VEINS OF L LO EXTRM W OTH COMPLICATIONS	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	T84.038A	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	52332	CYSTO W/INSERT URETERAL STENT	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Approved	
HA	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
HA	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
OCTAVE	Inpatient	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	M25.351	OTHER INSTABILITY, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
SKAI_BLUE	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	O03.4	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPL	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
FEP	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	
ASEPSE	Outpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	
SKAI_BLUE	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
SKAI_BLUE	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Medical Benefit Drug	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	J9263	Oxaliplatin	Approved	
BAAA	Medical Benefit Drug	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	J1326	Inj, zolbetuximab-clzb, 2 mg	Approved	
BAAA	Medical Benefit Drug	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	J9190	Fluorouracil injection	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J9999	Chemotherapy drug	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J9263	Oxaliplatin	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	Q5122	Inj, nyvepria	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J0640	Leucovorin calcium injection	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J9299	Injection, nivolumab	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J9171	Docetaxel injection	Approved	
BAAA	Medical Benefit Drug	C16.3	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	J9190	Fluorouracil injection	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	S9128	Speech therapy, in the home,	Approved	
ASEPSE	Outpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Inpatient	I70.261	ATHSCL NATIVE ART OF EXTREM W GANGRENE RIGHT LEG	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R25.9	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5101	Injection, zarxio	Approved	
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	47100	BIOPSY LIVER WEDGE	Approved	
SKAI_BLUE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection, onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	V89.2XXD	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M24.662	ANKYLOSIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	Approved	Administrative Approval
BAAA	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	
EXCHNG	Inpatient	I61.1	NTRM INTCRBL HEMORRHAGE IN HEMISPHERE CORTICAL	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
SKAI_BLUE	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	31256	NASAL/SINUS ENDOSCOPY W/MAXIL-LARY ANTROSTOMY	Approved	
SKAI_BLUE	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	30140	SUBMUCOUS RESCJ INFERIOR TURBILATE PRTL/COMPL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	S0189	Testosterone pellet 75 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1628	Inj., guselkumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
MEDICAREADV	Outpatient	Z85.46	PERSONAL HISTORY OF MALIG NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M53.1	CERVICOBACHIAL SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	I25.83	CORONARY ATHS DUE TO LIPID RICH PLAQUE	J1306	Injection, inclisiran, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	S81.812A	LACERATION WITHOUT FB LEFT LOWER LEG INIT ENCNR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
FEP	Inpatient	S81.812A	LACERATION WITHOUT FB LEFT LOWER LEG INIT ENCNR	20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	Approved	
ABCBS	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
OCTAVE	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1200	Diphenhydramine hcl injectio	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J7050	Normal saline solution infus	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1308	Inj, famotidine, 0.25 mg	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J2405	Ondansetron hcl injection	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J0640	Leucovorin calcium injection	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1100	Dexamethasone sodium phos	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22830	EXPLORATION SPINAL FUSION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	O14.95	UNSP PRE-ECLAMPSIA COMPLICATING THE PUERPERIUM	4145F	2+ ANTI-HYPERTENSIVE AGENTS RXD OR TAKEN	Approved	Administrative Approval
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	63082	VERTEBRAL CORPECTOMY DCM-PRN CERVICAL EA SEG	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
BAAA	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
SKAI_BLUE	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Approved	
SKAI_BLUE	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Outpatient	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	Approved	
ASEPSE	Outpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	Q65.9	CONGENITAL DEFORMITY OF HIP, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J1200	Diphenhydramine hcl injectio	Approved	
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J9173	Inj., durvalumab, 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J9347	Inj, tremelimumab-actl, 1 mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	S92.101A	UNSP FRACTURE OF RIGHT TALUS, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T84.032D	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT SUBS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	

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FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
EXCHNG	Inpatient	S12.100K	USP DISP FX OF 2ND CRV VERT SB FOR FX W NONUNION	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	S12.100K	USP DISP FX OF 2ND CRV VERT SB FOR FX W NONUNION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	S12.100K	USP DISP FX OF 2ND CRV VERT SB FOR FX W NONUNION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	Approved	
ASEPSE	Outpatient	M22.40	CHONDROMALACIA PATELLAE, UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9267	Paclitaxel injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1938	Inj, furosemide, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9060	Cisplatin 10 mg injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J7402	Mometasone sinus sinuva	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J0185	Inj., aprepitant, 1 mg	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J2405	Ondansetron hcl injection	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3475	Inj magnesium sulfate	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J3480	Inj potassium chloride	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J8540	Oral dexamethasone	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	J9208	Ifosfamide injection	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	

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SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61583	CRANFCL ANT CRANIAL FOSSA UNI/ BIFRNTL ELEV LOBE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	Approved	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Medical Benefit Drug	M08.1	JUVENILE ANKYLOSING SPONDYLITIS	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z13.79	ECT FOR OT SCREEN FOR GEN-ETC&CHROMSOML ANOMALIES	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
FEP	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.692A	OTH FX LOWER END OF LEFT ULNA INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection, onabotulinumtoxina	Approved	
EXCHNG	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	G0299	Hhs/hospice of rn ea 15 min	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	M19.212	SECONDARY OSTEOARTHRITIS, LEFT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
FEP	Outpatient	M19.212	SECONDARY OSTEOARTHRITIS, LEFT SHOULDER	23430	TENODESIS LONG TENDON BICEPS	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.552A	OTH EXTART FX LOWER END OF LEFT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Q85.00	NEUROFIBROMATOSIS, UNSPECIFIED	64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q85.00	NEUROFIBROMATOSIS, UNSPECIFIED	13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q85.00	NEUROFIBROMATOSIS, UNSPECIFIED	13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q27.8	OTH CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM	33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q27.8	OTH CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.303	OTH MENISCUS DERANG UNSP MED MENISCUS RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	52332	CYSTO W/INSERT URETERAL STENT	Approved	
BAAA	Inpatient	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	

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EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Approved	
ASEPSE	Outpatient	M65.321	TRIGGER FINGER, RIGHT INDEX FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30802	ABLTJ SOFTISS INFTURBS UNI/BI SUPFC INTRAMURAL	Denied	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	Approved	
BAAA	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	Approved	
BAAA	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50400	PYELOPLASTY SIMPLE	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	E0431	Portable gaseous O2	Approved	
EXCHNG	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	E1390	Oxygen concentrator	Approved	

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SKAI_BLUE	Inpatient	Q61.3	POLYCYSTIC KIDNEY, UNSPECIFIED	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J9217	Leuprolide acetate suspnsion	Approved	
ASEPSE	Outpatient	M76.891	OTH ENTHESOPATHIES OF R LOW LIMB EXCLUDING FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
SKAI_BLUE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Inpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R07.2	PRECORDIAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	
ABCBS	Medical Benefit Drug	K11.7	DISTURBANCES OF SALIVARY SECRETION	J0585	Injection, onabotulinumtoxinA	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Medical Benefit Drug	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	B4105	Enzyme cartridge enteral nut	Approved	
FEP	Outpatient	R53.83	OTHER FATIGUE	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Outpatient	J34.3	HYPERTROPHY OF NASAL TURBINATES	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Partially Denied	
SKAI_BLUE	Outpatient	J34.3	HYPERTROPHY OF NASAL TURBINATES	69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	Partially Denied	
SKAI_BLUE	Outpatient	J34.3	HYPERTROPHY OF NASAL TURBINATES	30140	SUBMUCOUS RESECT INFERIOR TURBinate PRTL/COMPL	Partially Denied	
SKAI_BLUE	Outpatient	J34.3	HYPERTROPHY OF NASAL TURBINATES	30465	REPAIR NASAL VESTIBULAR STENOSIS	Partially Denied	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N11.8	OTHER CHRONIC TUBULO-INTERSTITIAL NEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E1007	Pwr seat combo w/shear	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2607	Skin pro/pos wc cus wd <22in	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2377	Expandable controller, initl	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	K0108	W/c component-accessory nos	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E0955	Cushioned headrest	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E1033	Wheelchair hardware headrest	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E1032	Wheelchair joystick drive	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E0953	W/c lateral thigh/knee sup	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2620	Wc planar back cush wd <22in	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2313	Pwc harness, expand control	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E1034	Wheelchair trunk hip support	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E1028	W/c manual swingaway	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E1012	Ctr mount pwr elev leg rest	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2361	22nf sealed leadacid battery	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	K0861	Pwc gp3 std mult pow opt s/b	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2311	Electro connect btw 2 sys	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E2298	Pwr seat elev sys for crt	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	E0956	W/c lateral trunk/hip suppor	Approved	
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N28.9	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	50543	LAPAROSCOPY SURG PARTIAL NE-PHRECTOMY	Approved	
ARSTATEPOLICE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0129	Abatacept injection	Approved	

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ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Administrative Approval
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Approved	Administrative Approval
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Administrative Approval
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Administrative Approval
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPNTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPNTNT VEINS	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	G82.20	PARAPLEGIA, UNSPECIFIED	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G82.20	PARAPLEGIA, UNSPECIFIED	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	N81.84	PELVIC MUSCLE WASTING	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ARSTATEPOLICE	Outpatient	N81.84	PELVIC MUSCLE WASTING	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3358	Ustekinumab, iv inject, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TO 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
FEP	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Administrative Approval
FEP	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	Administrative Approval
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	T17.208A	UNSP FB IN PHARYNX CAUSING OTH INJURY INIT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	N80.123	DEEP ENDOMETRIOSIS OF BILATERAL OVARIES	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
SKAI_BLUE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.219A	STRAIN ADDUCTOR MUSC/FASC/TEND UNSP THIGH INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M41.25	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	J0640	Leucovorin calcium injection	Approved	
BAAA	Medical Benefit Drug	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	J9190	Fluorouracil injection	Approved	
BAAA	Medical Benefit Drug	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Q5107	Inj mvasi 10 mg	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	G0283	Elec stim other than wound	Partially Denied	
FEP	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
HA	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
HA	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
HA	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M75.31	CALCIFIC TENDINITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	L73.2	HIDRADENITIS SUPPURATIVA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
SKAI_BLUE	Inpatient	E04.9	NONTOXIC GOITER, UNSPECIFIED	60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	Approved	
HA	Inpatient	T46.1X2A	POISN BY CALCIUM-CHANNEL BLOCKERS SELF-HARM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M46.40	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	Approved	
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	20527	INJECTION ENZYME PALMAR FASCIAL CORD	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
HA	Inpatient	K57.21	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
HA	Inpatient	K57.21	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
SKAI_BLUE	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	R25.9	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J3358	Ustekinumab, iv inject, 1 mg	Approved	
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	63710	DURAL GRAFT SPINAL	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	22610	ARTHRODESIS POSTERIOR/PSTLAT TO 1INTRSPC THORACIC	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	
BAAA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	Approved	
EXCHNG	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	
ASEPSE	Outpatient	M79.3	PANNICULITIS, UNSPECIFIED	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	J9045	Carboplatin injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	Q5122	Inj, nyvepria	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	J1453	Fosaprepitant injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	J9201	In gemcitabine hcl nos 200mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	Q5118	Inj., zirabev, 10 mg	Approved	
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	
BAAA	Medical Benefit Drug	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	J0896	Inj luspatercept-aamt 0.25mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M93.002	UNSP SLIPPED UPPER FEMORAL EPIPHYSIS, LEFT HIP	27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ABCBS	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	J9209	Mesna injection	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	J9208	Ifosfamide injection	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	J9181	Etoposide injection	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M24.20	DISORDER OF LIGAMENT, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G40.901	EPILEPSY UNSP NOT INTRACTABLE WITH STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I99.8	OTHER DISORDER OF CIRCULATORY SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	E83.42	HYPOMAGNESEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	I65.1	OCCLUSION AND STENOSIS OF BASILAR ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	L0180	Cer post col occ/man sup adj	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VER-TEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22830	EXPLORATION SPINAL FUSION	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Pharmacy Benefit Drug	A53.9	SYPHILIS, UNSPECIFIED	J0558	Peng benzathine/procaine inj	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C83.08	SMALL CELL B-CELL LYMPH LYMPH NODES OF MLT SITES	J1561	Gamunex-c/gammaked	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.812	OTHER SPECIFIED JOINT DISORDERS, LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.812	OTHER SPECIFIED JOINT DISORDERS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I69.320	APHASIA FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ASEPSE	Outpatient	F93.8	OTHER CHILDHOOD EMOTIONAL DIS-ORDERS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S82.831D	OT FX UP&LO END R FIBULA SB FOR CLS FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Medical Benefit Drug	E80.20	UNSPECIFIED PORPHYRIA	J0223	Inj givosiran 0.5 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M65.872	OTH SYNOVITIS AND TENOSYNOVITIS LEFT ANKL AND FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M65.872	OTH SYNOVITIS AND TENOSYNOVITIS LEFT ANKL AND FT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	O16.3	USP MATERNAL HYPERTENSION THIRD TRIMESTER	58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	Approved	
OCTAVE	Inpatient	O16.3	USP MATERNAL HYPERTENSION THIRD TRIMESTER	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	13101	REPAIR COMPLEX TRUNK 2.6-75 CM	Approved	
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EKG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	A9277	External transmitter, cgm	Approved	
ASEPSE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	A9276	Disposable sensor, cgm sys	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	P14.3	OTHER BRACHIAL PLEXUS BIRTH INJURIES	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2919	Inj, methylpred sod succ 5mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	C94.6	MYELODYSPLASTIC DIS, NOT ELSE-WHERE CLASSIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9334	Inj efgart-alfa 2mg hya-qvfc	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C44.40	USP MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
SKAI_BLUE	Inpatient	C44.40	USP MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	61500	CRANIECTOMY W/EXCISION TUMOR/ LESION SKULL	Approved	
BAAA	Inpatient	K62.3	RECTAL PROLAPSE	45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HY-DROCEPHALUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.091D	INJ MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G51.0	BELL'S PALSY	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N81.84	PELVIC MUSCLE WASTING	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Administrative Approval
ASEPSE	Outpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	S9126	Hospice care, in the home, p	Approved	
ASEPSE	Inpatient	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	45136	EXC ILEOANAL RSVR W/ILEOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K43.5	PARASTOMAL HERNIA W/O OBSTRUCTION OR GANGRENE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	T81.49XA	INFECTION FOL A PROCEDURE, OTHER SRG SITE, INIT	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	E0273	Bed board	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I33.0	ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I83.891	VARICOSE VEINS OF R LO EXTRM W OTH COMPLICATIONS	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I83.891	VARICOSE VEINS OF R LO EXTRM W OTH COMPLICATIONS	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Inpatient	R74.8	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	47100	BIOPSY LIVER WEDGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	J2507	Pegloticase injection	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	S9128	Speech therapy, in the home,	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	T84.032D	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT SUBS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M43.12	SPONDYLOLISTHESIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	
BAAA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	
BAAA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	Q85.02	NEUROFIBROMATOSIS, TYPE 2	Q5126	Inj almysys 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M41.84	OTHER FORMS OF SCOLIOSIS, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	R40.0	SOMNOLENCE	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATND	Approved	
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	
BAAA	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I12.0	HYP CHR KDN DIS W STAGE 5 CHR KDN DIS OR ESRD	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I12.0	HYP CHR KDN DIS W STAGE 5 CHR KDN DIS OR ESRD	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	I12.0	HYP CHR KDN DIS W STAGE 5 CHR KDN DIS OR ESRD	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	I82.401	AC MBLSM&THOMBOS UNSP DEEP VEINS OF R LOW EXTRM	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	54200	INJECTION PEYRONIE DISEASE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	54235	INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOIF PFRMD	Approved	
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	Approved	
BAAA	Medical Benefit Drug	C88.40	XNOD MRGNL B-CL LYM MUCOSA-ASSOC LYM TISS XREMIS	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Inpatient	E16.2	HYPOGLYCEMIA, UNSPECIFIED	80377	DRUG/SUBSTANCE DEFINITIVE QUAL/ QUANT NOS 7/MORE	Denied	Administrative: Not a Covered Benefit
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ABCBS	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	G0152	Hhcp-serv of ot,ea 15 min	Approved	
BAAA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J9070	Cyclophosphamide 100 mg inj	Approved	
BAAA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
BAAA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J9172	Docetaxel (docivyx), 1 mg	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Inpatient	K50.814	CROHN DIS OF BOTH SMALL AND LARGE INT W ABSCS	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93596	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	Approved	
OCTAVE	Inpatient	N81.6	RECTOCELE	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	
OCTAVE	Inpatient	N81.6	RECTOCELE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	
OCTAVE	Inpatient	N81.6	RECTOCELE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	93596	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	Approved	
ASEPSE	Outpatient	S82.025A	NONDISP LONGITUD FRACTURE OF LEFT PATELLA INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITH-OUT INDICATION	59514	CESAREAN DELIVERY ONLY	Approved	Administrative Approval
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	S9123	Nursing care in home rn	Approved	
ASEPSE	Outpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92520	LARYNGEAL FUNCTION STUDIES	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31256	NASAL/SINUS ENDOSCOPY W/MAXIL-LARY ANTOSTOMY	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	Approved	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R97.20	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	55700	PROSTATE NEEDLE BIOPSY ANY AP-PROACH	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R97.20	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	76872	US TRANSRECTAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R97.20	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3210	EXUDATIVE AGE-REL MCLR DEGN RIGHT EYE STAGE UNSP	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	S0189	Testosterone pellet 75 mg	Approved	
OCTAVE	Outpatient	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ARSTATEPOLICE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	T85.528A	DISPLACEMENT OF GI PROSTH DEV/ GRFT INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.22	ECTR FOR AFTERCARE FOLLOWING KIDNEY TRANSPLANT	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z48.22	ECTR FOR AFTERCARE FOLLOWING KIDNEY TRANSPLANT	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
SKAI_BLUE	Outpatient	M79.605	PAIN IN LEFT LEG	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
SKAI_BLUE	Outpatient	M79.605	PAIN IN LEFT LEG	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
SKAI_BLUE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M79.605	PAIN IN LEFT LEG	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	
ABCBS	Medical Benefit Drug	M35.2	BEHCET'S DISEASE	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F98.9	USP BEHV/EMOT DIS W ONST USLY OCUR IN CHLDHD&ADO	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	L93.0	DISCOID LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	S63.639A	SPRAIN OF INTERPHALANGEAL JT OF UNSP FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	Approved	
BAAA	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	C62.90	MALIG NEOPLASM OF UNSP TESTIS UNSP DES OR UNDES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M99.01	SEG AND SOMATIC DYSFUNCTION OF CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.811	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	G0283	Elec stim other than wound	Denied	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30140	SUBMUCOUS RESECT INFERIOR TURBinate PRTL/COMPL	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	Approved	
SKAI_BLUE	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21196	RCNSTJ MNDBLR RAMI&/BDY SGLT SPLT W/INT RGD FI	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	S0080	Injection, pentamidine iseth	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	Approved	
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	K60.30	ANAL FISTULA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F90.1	ATTN-DEFCT HYPERACT DIS PREDOM HYPERACTIVE TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	T84.89XA	OTH COMP OF INTERNAL ORTH PROSTH DEV/GRFT INIT	27486	REJV TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	S06.9XAS	UNSP INTCRN INJURY W LOC STATUS UNKNOWN, SEQUELA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	
ASEPSE	Outpatient	S06.9XAS	UNSP INTCRN INJURY W LOC STATUS UNKNOWN, SEQUELA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	
ASEPSE	Outpatient	S06.9XAS	UNSP INTCRN INJURY W LOC STATUS UNKNOWN, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
ASEPSE	Outpatient	S73.191D	OTHER SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5101	Injection, zarxio	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	C9766	Revasc intra lithotrip-ather	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	52332	CYSTO W/INSERT URETERAL STENT	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
SKAI_BLUE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
ASEPSE	Inpatient	T84.020A	DLOC OF INTERNAL RIGHT HIP PROSTHESIS INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTEV AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K31.84	GASTROPARESIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	

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ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	J9298	Inj nivol relatlimab 3mg/1mg	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M06.89	OTHER SPECIFIED RHEU ARTHRITIS MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	S9131	Pt in the home per diem	Approved	
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection, onabotulinumtoxinA	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61751	STRCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	Approved	
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C15.8	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPH	Q5116	Inj., trazimera, 10 mg	Approved	
BAAA	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
FEP	Outpatient	T85.49XA	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT INIT	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
FEP	Outpatient	T85.49XA	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT INIT	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.41XA	INFCT FOL PX, SUPERFIC INCISIONAL SRG SITE, INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	

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ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L90.5	SCAR CONDITIONS AND FIBROSIS OF SKIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTNTR	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
MEDICAREADV	Inpatient	C67.8	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	Approved	
MEDICAREADV	Inpatient	C67.8	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	Approved	
FEP	Inpatient	I47.10	SUPRAVENTRICULAR TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T82.7XXA	INF/INFLM REAC D/T OT CARD/VASC DEV/IMP/GRFT INI	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	D70.9	NEUTROPENIA, UNSPECIFIED	Q5122	Inj, nyvepria	Approved	
MEDICAREADV	Pharmacy Benefit Drug	R32	UNSPECIFIED URINARY INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Approved	
HA	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	S9126	Hospice care, in the home, p	Approved	
FEP	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9380	Inj teclistamab cqyv 0.5 mg	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
MEDICAREADV	Outpatient	Z85.46	PERSONAL HISTORY OF MALIG NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
MEDICAREADV	Inpatient	C25.3	MALIGNANT NEOPLASM OF PANCREATIC DUCT	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	
MEDICAREADV	Inpatient	C25.3	MALIGNANT NEOPLASM OF PANCREATIC DUCT	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
ASEPSE	Outpatient	S29.012D	STR MUS AND TENDON OF BACK WALL OF THORAX SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	J45.50	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	J2182	Injection, mepolizumab, 1mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	
ASEPSE	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1201	Inj. cetirizine hcl 0.5mg	Approved	
ASEPSE	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1720	Hydrocortisone sodium succ i	Approved	
ASEPSE	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1308	Inj, famotidine, 0.25 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81541	ONC PRST8 MRNA GENE XPRSN PFL RT-PCR 46 GENES	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M93.262	OSTEOCHONDRITIS DISSECANS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	Approved	
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	G25.0	ESSENTIAL TREMOR	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	G25.0	ESSENTIAL TREMOR	61864	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Approved	
BAAA	Inpatient	G25.0	ESSENTIAL TREMOR	61863	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	Z94.4	LIVER TRANSPLANT STATUS	74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	

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SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22552	ARTHRO ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	T50.901A	POISONING BY UNSP DRUG/MEDS/BIOL SUBST ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LAN- GUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	K38.8	OTHER SPECIFIED DISEASES OF APPEN- DIX	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE- PLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33511	CORONARY ARTERY BYPASS 2 CORO- NARY VENOUS GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33510	CORONARY ARTERY BYPASS 1 CORO- NARY VENOUS GRAFT	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33513	CORONARY ARTERY BYPASS 4 CORO- NARY VENOUS GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33514	CORONARY ARTERY BYPASS 5 CORO- NARY VENOUS GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERI- AL GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORO- NARY VENOUS GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 5 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5122	Inj, nyvepria	Approved	
BAAA	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
BAAA	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
BAAA	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
FEP	Outpatient	H93.13	TINNITUS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria

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OCTAVE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
MEDICAREADV	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
MEDICAREADV	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
MEDICAREADV	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
HA	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S83.281D	OTH TEAR OF LAT MENS CRNT INJ RIGHT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	Partially Denied	Met Medical Necessity Criteria
OCTAVE	Inpatient	N83.202	UNSPECIFIED OVARIAN CYST, LEFT SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	S82.122A	DISP FX OF LAT CONDYLE OF L TIB INI FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48140	PNCRRECT DSTL STOT W/O PNCRTCOJEUJUNOSTOMY	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50240	NEPHRECTOMY PARTIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S72.301A	UNSP FX SHAFT OF RIGHT FEMUR INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	S72.301A	UNSP FX SHAFT OF RIGHT FEMUR INIT FOR CLOS FX	27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5122	Inj, nyvepria	Approved	
BAAA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.462	EFFUSION, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.462	EFFUSION, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Approved	
BAAA	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	K86.9	DISEASE OF PANCREAS, UNSPECIFIED	48140	PNCRTECT DSTL STOT W/O PNCRTCOJE-JUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	50845	CUTANANEOUS APPENDICO-VESICOSTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M24.661	ANKYLOSIS, RIGHT KNEE	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61697	COMPLX INTRACRANIAL ARYSM CAROT-ID CIRCULATION	Approved	
ASEPSE	Outpatient	S82.892D	OTH FX L LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	D57.00	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	J0791	Inj crizanlizumab-tmca 5mg	Approved	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4034	Enter feed supkit syr by day	Denied	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4152	Ef calorie dense>/=1.5kcal	Denied	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4087	Gastro/jejuno tube, std	Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	K94.19	OTHER COMPLICATIONS OF ENTEROSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M46.98	UNSP INFLAMMATORY SPOND SACR/SACROCYGL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77385	INTENSITY MODULATED RADIATIONTX DLVR SIMPLE	Approved	
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
BAAA	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	S9379	Hit noc per diem	Approved	
BAAA	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
BAAA	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1558	Inj. xembify, 100 mg	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
MEDICAREADV	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R49.9	UNSPECIFIED VOICE AND RESONANCE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
BAAA	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	
BAAA	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	43830	GASTROSTOMY OPEN W/O CONSTJ GASTRIC TUBE SPX	Approved	
SKAI_BLUE	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	74360	INTRALUMINAL DILATION STRICTURES&/ OBSTRCS RS&I	Approved	
SKAI_BLUE	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	
SKAI_BLUE	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	49010	EXPL RETROPERITONEUM W/WO BX SPX	Approved	
SKAI_BLUE	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	43870	CLOSURE GASTROSTOMY SURG	Approved	
SKAI_BLUE	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	43999	UNLISTED PROCEDURE STOMACH	Approved	
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Outpatient	F41.1	GENERALIZED ANXIETY DISORDER	90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Outpatient	F41.1	GENERALIZED ANXIETY DISORDER	90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Outpatient	F41.1	GENERALIZED ANXIETY DISORDER	90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	52332	CYSTO W/INSERT URETERAL STENT	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
BAAA	Inpatient	E80.6	OTHER DISORDERS OF BILIRUBIN METABOLISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Outpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	J45.51	SEVERE PERSISTENT ASTHMA WITH EXACERBATION	J0517	Inj., benralizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.41	SNSRNRL HEAR L UNI R EAR W UNRES HEAR CNTRA SIDE	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G37.3	AC TRANS MYELITIS IN DEMYELINATING DIS OF CNSL	S9131	Pt in the home per diem	Approved	
ABCBS	Inpatient	L02.611	CUTANEOUS ABSCESS OF RIGHT FOOT	28820	AMPUTATION TOE METATARSOPHALAN-GEAL JOINT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R41.89	OTH SYMP&SIGNS W COGNITIVE FUNCTIONS&AWARENESS	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Denied	
ASEPSE	Outpatient	R41.89	OTH SYMP&SIGNS W COGNITIVE FUNCTIONS&AWARENESS	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Denied	
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	F02ZFZZ	Pain Assessment	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S62.321D	DISP FX OF SHAFT OF 2ND MC BONE, L HAND, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2919	Inj, methylpred sod succ 5mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
SKAI_BLUE	Inpatient	C77.0	SEC & UNSP MALIG NEOP OF NODES OF HEAD FACE & NK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C77.0	SEC & UNSP MALIG NEOP OF NODES OF HEAD FACE & NK	31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ARSTATEPOLICE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M05.732	RHEU RTHRT W RHEU FCTR L WRST W/O ORG/SYS INVOLV	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	T07.XXXA	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
BAAA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M79.89	OTHER SPECIFIED SOFT TISSUE DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M24.549	CONTRACTURE, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.52	SHORT STATURE (CHILD)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
OCTAVE	Inpatient	D32.0	BENIGN NEOPLASM OF CEREBRAL MENINGES	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
FEP	Outpatient	M87.052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M25.311	OTHER INSTABILITY, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M76.892	OTH ENTHESOPATHIES OF LEFT LOW LIMB EXCLUDING FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I34.1	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.202D	USP FX SHAFT OF L TIB SB FOR CLOS FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S82.202D	USP FX SHAFT OF L TIB SB FOR CLOS FX W ROUT HEAL	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	
OCTAVE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	

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ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.0	ANEMIA IN NEOPLASTIC DISEASE	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	S9126	Hospice care, in the home, p	Approved	
SKAI_BLUE	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Approved	
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
HA	Medical Benefit Drug	K52.1	TOXIC GASTROENTERITIS AND COLITIS	J3380	Inj vedolizumab iv 1 mg	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	39220	RESECTION MEDIASTINAL TUMOR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	21510	INCISION DEEP OPENING BONE CORTEX THORAX	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
BAAA	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	Q66.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
BAAA	Medical Benefit Drug	D59.9	ACQUIRED HEMOLYTIC ANEMIA, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
MEDICAREADV	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
MEDICAREADV	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
MEDICAREADV	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Inpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
BAAA	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	64421	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.22	TYPE 2 DIAB MEL W DIAB CHRONIC KIDNEY DISEASE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C40.21	MALIG NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G61.0	GUILLAIN-BARRE SYNDROME	80050	GENERAL HEALTH PANEL	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	C22.0	LIVER CELL CARCINOMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	A9607	Lutetium lu 177 vipivotide	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	S82.891N	OT FX R LO LEG SB FOR OPN FX TP 3A/B/C W NUN	27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	Approved	
BAAA	Inpatient	S82.891N	OT FX R LO LEG SB FOR OPN FX TP 3A/B/C W NUN	27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	Approved	
ASEPSE	Outpatient	I47.20	VENTRICULAR TACHYCARDIA, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Administrative Approval
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSOPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Q64.4	MALFORMATION OF URACHUS	52000	CYSTOURETHROSCOPY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q64.4	MALFORMATION OF URACHUS	51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	Denied	Administrative: Not a Covered Benefit
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Administrative: Not a Covered Benefit

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.019	ULCERATIVE PANCOLITIS WITH UNSP COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	Partially Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	G2211	Complex e/m visit add on	Partially Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	Partially Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	Partially Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Partially Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	Partially Denied	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99234	HOSPITAL IP/OBS CARE SAME DATE SF/ LOW MDM 45 MIN	Approved	Administrative Approval
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S76.312A	STR MSL/FSC/TND POST GRP AT THI LEV LEFT THI INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	Approved	
HA	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
HA	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M19.111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
BAAA	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
HA	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
HA	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0178	Aflibercept injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3511	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA R EYE	J0177	Inj, aflibercept hd, 1 mg	Approved	
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
BAAA	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
SKAI_BLUE	Inpatient	S82.892A	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	S82.892A	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	J9312	Inj., rituximab, 10 mg	Approved	
SKAI_BLUE	Inpatient	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
ABCBS	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R20.2	PARESTHESIA OF SKIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E86.9	VOLUME DEPLETION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M21.41	FLAT FOOT [PES PLANUS] (ACQUIRED), RIGHT FOOT	27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	Approved	

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SKAI_BLUE	Inpatient	M21.41	FLAT FOOT (PES PLANUS) (ACQUIRED), RIGHT FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
SKAI_BLUE	Inpatient	M21.41	FLAT FOOT (PES PLANUS) (ACQUIRED), RIGHT FOOT	27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G62.0	DRUG-INDUCED POLYNEUROPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	
SKAI_BLUE	Inpatient	S37.30XA	UNSPECIFIED INJURY OF URETHRA, INITIAL ENCOUNTER	54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	Approved	
SKAI_BLUE	Inpatient	S37.30XA	UNSPECIFIED INJURY OF URETHRA, INITIAL ENCOUNTER	52000	CYSTOURETHROSCOPY	Approved	
ASEPSE	Inpatient	M25.551	PAIN IN RIGHT HIP	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M25.551	PAIN IN RIGHT HIP	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S31.109D	USP OPN WND ABD WL USP Q W/O PEN PERIT CAV SUBS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
MEDICAREADV	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27279	ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	Approved	
ASEPSE	Outpatient	S86.012D	STRAIN OF LEFT ACHILLES TENDON SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ASEPSE	Outpatient	S92.355D	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q79.60	EHLERS-DANLOS SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
HA	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
HA	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	
HA	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
HA	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	61868	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD EA ARRAY	Approved	
HA	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	61867	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD 1ST ARRAY	Approved	
HA	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7032	Replacement nasal cushion	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A4604	Tube with heating element	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7033	Replacement nasal pillows	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7046	Repl water chamber, pap dev	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7036	Pos airway press chinstrap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7037	Pos airway pressure tubing	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7034	Nasal application device	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7038	Pos airway pressure filter	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7035	Pos airway press headgear	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7030	Cpap full face mask	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7031	Replacement facemask interfa	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I69.311	MEMORY DEFICIT FOLLOWING CEREBRAL INFARCTION	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Partially Denied	
ASEPSE	Outpatient	I69.311	MEMORY DEFICIT FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	I69.311	MEMORY DEFICIT FOLLOWING CEREBRAL INFARCTION	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Partially Denied	
ASEPSE	Inpatient	K80.12	CALCULUS OF GB W AC AND CHR CHOLECYST W/O OBST	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3222	EXDTVE AGE MCLR DEGN L EYE W INACT CHRDL NEOVAS	J0178	Aflibercept injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	

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ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.005A	USP DLOC OF LEFT PATELLA INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	T50.901A	POISONING BY UNSP DRUG/MEDS/BIOL SUBST ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92520	LARYNGEAL FUNCTION STUDIES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G57.01	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	G57.01	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NRV SPARING ROBOT	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	G0283	Elec stim other than wound	Partially Denied	
OCTAVE	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	Q5103	Injection, inflectra	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	K01.0	EMBEDDED TEETH	21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	K01.0	EMBEDDED TEETH	21215	GRAFT BONE MANDIBLE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I87.309	CHR VN HYPERTENSION W/O COMP OF UNSP LOW EXTRM	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Denied	
EXCHNG	Outpatient	D61.9	APLASTIC ANEMIA, UNSPECIFIED	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
FEP	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
EXCHNG	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	

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EXCHNG	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Outpatient	N48.6	INDURATION PENIS PLASTICA	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M18.11	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT R HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I83.019	VARICOS VEINS OF R LOW EXTRM W ULC OF UNSP SITE	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Outpatient	I83.019	VARICOS VEINS OF R LOW EXTRM W ULC OF UNSP SITE	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
FEP	Inpatient	G24.02	DRUG INDUCED ACUTE DYSTONIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	F44.4	CONVERSION DIS WITH MOTOR SYMPTOM OR DEFICIT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	F44.4	CONVERSION DIS WITH MOTOR SYMPTOM OR DEFICIT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F44.4	CONVERSION DIS WITH MOTOR SYMPTOM OR DEFICIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M41.114	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Inpatient	M41.114	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Approved	
BAAA	Inpatient	M41.114	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
ASEPSE	Outpatient	M25.852	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	R04.2	HEMOPTYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	42220	PALATOPLASTY CLEFT PALATE SEC LENGTH PX	Partially Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J1626	Granisetron hcl injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	J1442	Inj filgrastim excl biosimil	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q21.16	SINUS VENOSUS ATRIAL SEPTAL DEFECT, UNSPECIFIED	33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M06.1	ADULT-ONSET STILL'S DISEASE	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9380	Inj teclistamab cqyv 0.5 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J0780	Prochlorperazine injection	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	A4216	Sterile water/saline, 10 ml	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1642	Inj heparin sodium per 10 u	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J7030	Normal saline solution infus	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2405	Ondansetron hcl injection	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2997	Alteplase recombinant	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	Approved	
SKAI_BLUE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	K57.80	DVTRCLI OF INTEST PRT USP W PERF&ABSCS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
BAAA	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3123	NEXDTVE AGE MCLR DEGN L EYE ADV ATRPC W/O SBFVL	J2782	Inj avacincaptad pegol 0.1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.829	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M47814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K92.1	MELENA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	L91.0	HYPERTROPHIC SCAR	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	
ASEPSE	Outpatient	L91.0	HYPERTROPHIC SCAR	G6015	Radiation tx delivery imrt	Denied	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	C18.5	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	
BAAA	Inpatient	C18.5	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
BAAA	Inpatient	C18.5	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	44150	COLCT TOT ABDL W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	
BAAA	Inpatient	C18.5	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	44212	LAPS COLECTOMY ABDL W/PROCTECTO-MY W/ILEOSTOMY	Approved	
BAAA	Inpatient	C18.5	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	44155	COLECTOMY TOT ABDL W/PROCTECTO-MY W/ILEOSTOMY	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	64479	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
HA	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	Approved	
ASEPSE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	Q5122	Inj, nyvepria	Approved	
EXCHNG	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDI-AL&LAT COMPARTMENTS	Approved	
BAAA	Inpatient	R13.10	DYSPHAGIA, UNSPECIFIED	74022	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	Approved	
BAAA	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRE-NAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITH-OUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOM-PLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LAN-GUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I70.403	UNSP ATHSCL AUTOL VEIN BYP OF THE EXTRM BI LEGS	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Inpatient	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K29.50	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M77.51	OTHER ENTHESOPATHY OF RIGHT FOOT AND ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R09.89	OTH SYMP&SIGNS INVOLVING THE CIRC&RESP SYSTEMS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDVTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K85.20	ALC INDUC ACUTE PANCREATITIS W/O NECROSIS OR INF	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3114	NEXDTVE AGE MCLR DEGN R EYE ADV ATRPC W SBFVL	J2782	Inj avacincaptad pegol 0.1mg	Approved	
SKAI_BLUE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	49190	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CYST >30 CM	Approved	
SKAI_BLUE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	Approved	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	
ASEPSE	Outpatient	R20.2	PARESTHESIA OF SKIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3512	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA L EYE	J0178	Aflibercept injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
BAAA	Inpatient	C67.3	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	H57813	BROW PTOSIS, BILATERAL	67900	REPAIR BROW PTOSIS	Approved	
ASEPSE	Outpatient	H57813	BROW PTOSIS, BILATERAL	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
EXCHNG	Outpatient	R07.9	CHEST PAIN, UNSPECIFIED	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
ASEPSE	Outpatient	I83.10	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INF	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
SKAI_BLUE	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
MEDICAREADV	Outpatient	S32.040A	WEDGE COMPRSN FX FOURTH LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
MEDICAREADV	Outpatient	S32.040A	WEDGE COMPRSN FX FOURTH LUMBAR VERTEBRA INIT	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	W54.0XXA	BITTEN BY DOG, INITIAL ENCOUNTER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	E2402	Neg press wound therapy pump	Approved	
HA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61698	CPLX INTRACRANIAL ARYSM VERTE-BROBASILAR CRCJ	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	O11.9	PRE-EXIST HYPERTENSION W PRE-EC-LAMPSIA UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	
BAAA	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	44145	COLECTOMY PRTL W/COLOPROCTOTOMY	Approved	
BAAA	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	52332	CYSTO W/INSERT URETERAL STENT	Approved	
ASEPSE	Inpatient	E66.812	OBESITY, CLASS 2	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	K62.4	STENOSIS OF ANUS AND RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
EXCHNG	Inpatient	K62.4	STENOSIS OF ANUS AND RECTUM	44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	Approved	
EXCHNG	Inpatient	K62.4	STENOSIS OF ANUS AND RECTUM	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	K62.4	STENOSIS OF ANUS AND RECTUM	44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	Approved	
EXCHNG	Inpatient	K62.4	STENOSIS OF ANUS AND RECTUM	44392	COLONOSCOPY STOMA RMLV LES BY HOT BIOPSY FORCEPS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0175	Inj, donanemab-azbt, 2 mg	Approved	
ARSTATEPOLICE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2778	Ranibizumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7323	Euflexxa inj per dose	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J0897	Denosumab injection	Approved	
BAAA	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
EXCHNG	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	74420	UROGRAPHY RETROGRADE WITH/WO KUB	Approved	
EXCHNG	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	52332	CYSTO W/INSERT URETERAL STENT	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	

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ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	D06.9	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	

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EXCHNG	Inpatient	D06.9	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	G0299	Hhs/hospice of rn ea 15 min	Approved	
ABCBS	Medical Benefit Drug	M1A.09X1	IDIO CHRONIC GOUT MULTIPLE SITES WITH TOPHUS	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M4727	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5220	Behind ear bicros hearing ai	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5181	Hearing aid monaural bte	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	R19.7	DIARRHEA, UNSPECIFIED	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	R19.7	DIARRHEA, UNSPECIFIED	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	Approved	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	Approved	
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Approved	
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Medical Benefit Drug	D66	HEREDITARY FACTOR VIII DEFICIENCY	J7192	Factor viii recombinant nos	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
HA	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0588	Incobotulinumtoxin a	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Approved	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
FEP	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	S4015	Complete ivf nos case rate	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
EXCHNG	Inpatient	K55.1	CHRONIC VASCULAR DISORDERS OF INTESTINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	E66.9	OBESITY, UNSPECIFIED	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	E66.9	OBESITY, UNSPECIFIED	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
ASEPSE	Outpatient	Z74.1	NEED FOR ASSISTANCE WITH PERSONAL CARE	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	Z74.1	NEED FOR ASSISTANCE WITH PERSONAL CARE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9075	Inj, cyclophosphamide, nos	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9171	Docetaxel injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J2469	Palonosetron hcl	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	Z34.93	ENCNTR FOR SUPRVSN OF NORMAL PREG UNSP THIRD TRI	58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	Z34.93	ENCNTR FOR SUPRVSN OF NORMAL PREG UNSP THIRD TRI	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.071	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I87.1	COMPRESSION OF VEIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	R10.30	LOWER ABDOMINAL PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	L02.411	CUTANEOUS ABSCESS OF RIGHT AXILLA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M99.06	SEG AND SOMATIC DYSFUNCTION OF LOWER EXTREM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G51.0	BELL'S PALSY	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	G51.0	BELL'S PALSY	64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	Approved	
SKAI_BLUE	Medical Benefit Drug	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	
HA	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	

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HA	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
HA	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
HA	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
HA	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	G37.3	AC TRANS MYELITIS IN DEMYELINATING DIS OF CNSL	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	I63.511	CRB INFRC D/T USP OCCLS OR STENOS R MID CRB ART	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	T88.9XXA	COMPL OF SURGICAL AND MEDICAL CARE UNSP INIT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	T88.9XXA	COMPL OF SURGICAL AND MEDICAL CARE UNSP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	J2327	Inj risankizumab-rzaa 1 mg	Approved	

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ABCBS	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
FEP	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
OCTAVE	Inpatient	S06.9XAD	UNSP INTCRN INJURY WITH LOC STATUS UNKNOWN, SUBS	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.01	MEDIAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	T82.03XA	LEAKAGE OF HEART VALVE PROSTH INITIAL ENCOUNTER	33465	REPLACEMENT TRICUSPID VALVE W/ CARD BYPASS	Approved	
SKAI_BLUE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K56.1	INTUSSUSCEPTION	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
SKAI_BLUE	Inpatient	K56.1	INTUSSUSCEPTION	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5981	Flex-walk sys low ext prosth	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5637	Below knee total contact	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5301	Bk mold socket sach ft endo	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8440	Shrinker below knee	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5629	Below knee acrylic socket	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5685	Below knee sus/seal sleeve	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5679	Socket insert w/o lock mech	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5620	Test socket below knee	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8420	Prosthetic sock multi ply bk	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5968	Multiaxial ankle w dorsiflex	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5645	Bk flex inner socket ext fra	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5940	Endo bk ultra-light material	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5910	Endo below knee alignable sy	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8470	Pros sock single ply bk	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5781	Lower limb pros vacuum pump	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	J9063	Inj, elahere, 1 mg	Approved	
BAAA	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C91.50	ADULT T-CELL LYMPH/LEUK NOT ACHIEVE REMISSION	Q5122	Inj, nyvepria	Approved	
ASEPSE	Outpatient	G82.21	PARAPLEGIA, COMPLETE	S9131	Pt in the home per diem	Approved	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGM	Approved	
MEDICAREADV	Outpatient	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	

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ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	15770	GRAFT DERMA-FAT-FASCIA	Approved	
BAAA	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Q87.11	PRADER-WILLI SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G12.9	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Outpatient	Z80.0	FAMILY HISTORY OF MALIG NEOP OF DIGESTIVE ORGANS	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D36.10	BEN NEOP OF PRPH NRV AND AUTONM NERVOUS SYS UNSP	61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9338	Hit immunotherapy diem	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J3247	Inj secukinumab intrav 1mg	Approved	
ASEPSE	Outpatient	M65.4	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60240	THYROIDECTOMY TOTAL/COMPLETE	Approved	
MEDICAREADV	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
MEDICAREADV	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44141	COLECTOMY PRTL W/SKIN LEVEL CE-COST/COLOSTOMY	Approved	
MEDICAREADV	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
MEDICAREADV	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	37722	LIG DIV&STRPG LONG SAPH SAPHFEM JUNCT KNE/BELW	Approved	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	M75.51	BURSITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D18.02	HEMANGIOMA OF INTRACRANIAL STRUCTURES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ABCBS	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITH-OUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITH-OUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDI-AL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DIS-COG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	N80.03	ADENOMYOSIS OF THE UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M95.8	OTH ACQ DEFORMITIES OF MUSCULO-SKELETAL SYSTEM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	L88	PYODERMA GANGRENOSUM	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C53.0	MALIGNANT NEOPLASM OF ENDOCER-VIX	Q5118	Inj., zirabev, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	K59.4	ANAL SPASM	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K59.4	ANAL SPASM	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	Administrative Approval
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
EXCHNG	Inpatient	T84.012A	BROKEN INTERNAL RIGHT KNEE PROSTH INITIAL ECTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	31571	LARGSC W/NJX VOCAL CORD THER W/ MICRO/TELESCOPE	Approved	
OCTAVE	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	J9208	Ifosfamide injection	Approved	Administrative Approval
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	J9000	Doxorubicin hcl injection	Approved	Administrative Approval
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	J1453	Fosaprepitant injection	Approved	Administrative Approval
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	J9209	Mesna injection	Approved	Administrative Approval
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	J1626	Granisetron hcl injection	Approved	Administrative Approval
OCTAVE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.322	CHR VENOUS HYPERTENSION W INF OF L LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
OCTAVE	Inpatient	S14.123A	CENTRAL CORD SYNDROME AT C3, INIT	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
OCTAVE	Inpatient	S14.123A	CENTRAL CORD SYNDROME AT C3, INIT	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	S14.123A	CENTRAL CORD SYNDROME AT C3, INIT	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	S14.123A	CENTRAL CORD SYNDROME AT C3, INIT	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
OCTAVE	Inpatient	S14.123A	CENTRAL CORD SYNDROME AT C3, INIT	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Medical Benefit Drug	D59.9	ACQUIRED HEMOLYTIC ANEMIA, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.21	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
OCTAVE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
OCTAVE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	

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FEP	Outpatient	R06.00	DYSPNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	G6015	Radiation tx delivery imrt	Denied	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	
BAAA	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	P14.0	ERB'S PARALYSIS DUE TO BIRTH INJURY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
SKAI_BLUE	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J2508	Pegunigalsidase alfa-iwxj	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N20.0	CALCULUS OF KIDNEY	50081	PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	Partially Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	Approved	
MEDICAREADV	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
MEDICAREADV	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
MEDICAREADV	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	19301	MASTECTOMY PARTIAL	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G51.8	OTHER DISORDERS OF FACIAL NERVE	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Medical Benefit Drug	G51.8	OTHER DISORDERS OF FACIAL NERVE	J0585	Injection,onabotulinumtoxina	Approved	
FEP	Outpatient	S20.359D	SUPERFICIAL FB OF UNSP FRONT WALL OF THORAX SUBS	20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	Approved	
FEP	Outpatient	S20.359D	SUPERFICIAL FB OF UNSP FRONT WALL OF THORAX SUBS	20680	REMOVAL IMPLANT DEEP	Approved	
MEDICAREADV	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N94.2	VAGINISMUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32650	THORACOSCOPY W/PLEURODESIS	Approved	
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
HA	Inpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21196	RCNSTJ MNDBLR RAMI&BDY SGLT SPLT W/INT RGD FI	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/ BONE GRAFTS	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	T84.011A	BROKEN INTERNAL LEFT HIP PROSTH INITIAL ECTR	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	D12.0	BENIGN NEOPLASM OF CECUM	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	20680	REMOVAL IMPLANT DEEP	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
SKAI_BLUE	Medical Benefit Drug	N31.8	OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
SKAI_BLUE	Medical Benefit Drug	N31.8	OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
FEP	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R44.3	HALLUCINATIONS, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
MEDICAREADV	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHESIS INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H81.13	BENIGN PAROXYSMAL VERTIGO, BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22634	ARTHRODESIS CMBN TQ 1INTRSPC EACH ADDITIONAL	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	H02.409	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	I21.29	STEMI INVOLVING OTH SITES	K0606	Aed garment w elec analysis	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.402A	UNSP FX LOWER END OF LEFT HMRS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S42.402A	UNSP FX LOWER END OF LEFT HMRS INIT FOR CLOS FX	G0283	Elec stim other than wound	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S62.001K	USP FX NAVIC BN OF R WRIST SB FOR FX W NONUNION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTESTINE	15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	Approved	
HA	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M67431	GANGLION, RIGHT WRIST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	Q5101	Injection, zarxio	Approved	
ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	51610	NJX RETROGRADE URETHROCSTOGRAPHY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	K59.2	NEUROGENIC BOWEL, NOT ELSEWHERE CLASSIFIED	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K82.8	OTHER SPECIFIED DISEASES OF GALLBLADDER	47600	CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K82.8	OTHER SPECIFIED DISEASES OF GALLBLADDER	S2900	Robotic surgical system	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K82.8	OTHER SPECIFIED DISEASES OF GALLBLADDER	47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K82.8	OTHER SPECIFIED DISEASES OF GALLBLADDER	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K82.8	OTHER SPECIFIED DISEASES OF GALLBLADDER	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.818	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Inpatient	D35.01	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	T84.50XA	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH INIT	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
BAAA	Inpatient	T84.50XA	INFECT/INFLM REAC D/T UNSP INT JOINT PROSTH INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Inpatient	M21.062	VALGUS DEFORMITY NOT ELSEWHERE CLAS LEFT KNEE	27466	OSTEOPLASTY FEMUR LENGTHENING	Approved	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.51	FAILURE TO THRIVE (CHILD)	B4160	Ef ped caloric dense>/=0.7kc	Approved	
ABCBS	Inpatient	R16.0	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Partially Denied	
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
EXCHNG	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
MEDICAREADV	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.252A	DISP FX OF GREAT TUBEROSITY OF LEFT HUMERUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	Approved	
ASEPSE	Outpatient	Q38.1	ANKYLOGLOSSIA	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	Q38.1	ANKYLOGLOSSIA	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S52.502A	UNSP FRACTURE THE LOWER END OF LEFT RADIUS INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NRV SPARING ROBOT	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C07	MALIGNANT NEOPLASM OF PAROTID GLAND	42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	Approved	Administrative Approval
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	Approved	
ASEPSE	Outpatient	J18.1	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	J18.1	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	J18.1	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	G0157	Hhc pt assistant ea 15	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K63.1	PERFORATION OF INTESTINE (NONTRAUMATIC)	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	
HA	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
HA	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	
BAAA	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	Approved	
ASEPSE	Outpatient	C77.5	SEC AND UNSP MALIG NEOPLASM OF INTRAPELV NODES	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C77.5	SEC AND UNSP MALIG NEOPLASM OF INTRAPELV NODES	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C77.5	SEC AND UNSP MALIG NEOPLASM OF INTRAPELV NODES	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	T85.858D	STENOSIS D/T OTHER INTERNAL PROSTH DEV/GRFT SUBS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
SKAI_BLUE	Inpatient	T85.858D	STENOSIS D/T OTHER INTERNAL PROSTH DEV/GRFT SUBS	50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	T85.858D	STENOSIS D/T OTHER INTERNAL PROSTH DEV/GRFT SUBS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	R41.841	COGNITIVE COMMUNICATION DEFICIT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	K35.32	AC APPENDICITIS PERF LOC PERITON/ GANGR W/O ABSCS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Inpatient	K86.2	CYST OF PANCREAS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	K86.2	CYST OF PANCREAS	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
BAAA	Inpatient	K86.2	CYST OF PANCREAS	48140	PNCRTECT DSTL STOT W/O PNCRTCOJELUNOSTOMY	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I77.1	STRICTURE OF ARTERY	36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	Approved	
MEDICAREADV	Inpatient	I77.1	STRICTURE OF ARTERY	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Approved	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M23.612	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF L KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Inpatient	Q25.1	COARCTATION OF AORTA	33840	EXCISION COA W/WO PDA W/DIRECT ANASTOMOSIS	Approved	
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.14	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	
ABCBS	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Q5005	Hospice, inpatient hospital	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1323	Inj, elranatamab-bcmm, 1 mg	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
BAAA	Inpatient	S83.015A	LATERAL DLOC OF LEFT PATELLA INITIAL ENCOUNTER	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	Approved	
BAAA	Inpatient	S83.015A	LATERAL DLOC OF LEFT PATELLA INITIAL ENCOUNTER	27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	Approved	
BAAA	Inpatient	S83.015A	LATERAL DLOC OF LEFT PATELLA INITIAL ENCOUNTER	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/ WO SYNOVIAL BX SPX	Approved	
BAAA	Inpatient	S83.015A	LATERAL DLOC OF LEFT PATELLA INITIAL ENCOUNTER	27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
MEDICAREADV	Outpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
MEDICAREADV	Outpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	G06.2	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	S32.111K	MIN DSP ZONE I FX SACRUM SUBS FOR FX W NONUNION	27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	Approved	
MEDICAREADV	Inpatient	S32.111K	MIN DSP ZONE I FX SACRUM SUBS FOR FX W NONUNION	27217	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.619D	USP SPRAIN OF USP FINGER SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G37.81	MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTB DISEASE	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M35.1	OTHER OVERLAP SYNDROMES	Q5119	Inj ruxience, 10 mg	Approved	
SKAI_BLUE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Denied	Administrative: Insufficient Information
MEDICAREADV	Outpatient	J32.1	CHRONIC FRONTAL SINUSITIS	31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	Approved	
MEDICAREADV	Outpatient	J32.1	CHRONIC FRONTAL SINUSITIS	30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Approved	
MEDICAREADV	Outpatient	J32.1	CHRONIC FRONTAL SINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
MEDICAREADV	Outpatient	J32.1	CHRONIC FRONTAL SINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	
MEDICAREADV	Outpatient	J32.1	CHRONIC FRONTAL SINUSITIS	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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MEDICAREADV	Pharmacy Benefit Drug	D59.4	OTHER NONAUTOIMMUNE HEMOLYTIC ANEMIAS	J1568	Octagam injection	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J3262	Tocilizumab injection	Approved	
ASEPSE	Outpatient	M62.85	DYSFUNCTION OF MULTIFIDUS MUSCLES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	

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ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R62.59	OT LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N20.1	CALCULUS OF URETER	52356	CYSTO/URETERO W/LITHOTRIPSY & IN-DWELL STENT INSRT	Approved	
SKAI_BLUE	Inpatient	N20.1	CALCULUS OF URETER	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	Approved	
ASEPSE	Outpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43282	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/MESH	Approved	
ASEPSE	Outpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
OCTAVE	Medical Benefit Drug	M79.18	MYALGIA, OTHER SITE	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S98.112A	COMPLETE TRAUMATIC AMP OF LEFT GREAT TOE INIT	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	S98.112A	COMPLETE TRAUMATIC AMP OF LEFT GREAT TOE INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
BAAA	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J0129	Abatacept injection	Approved	
MEDICAREADV	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	G0283	Elec stim other than wound	Partially Denied	
BAAA	Inpatient	G82.54	QUADRIPLEGIA, C5-C7 INCOMPLETE	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Inpatient	R25.3	FASCICULATION	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/GANGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M77.02	MEDIAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	Approved	
OCTAVE	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ASEPSE	Outpatient	I83.10	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INF	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	S76.312A	STR MSL/FSC/TND POST GRP AT THI LEV LEFT THI INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria

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SKAI_BLUE	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M79.18	MYALGIA, OTHER SITE	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M79.18	MYALGIA, OTHER SITE	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENECTOMY	Approved	

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ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5107	Inj mvasi 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J9190	Fluorouracil injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J0640	Leucovorin calcium injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J9206	Irinotecan injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J2469	Palonosetron hcl	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	H34.12	CENTRAL RETINAL ARTERY OCCLUSION, LEFT EYE	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
OCTAVE	Medical Benefit Drug	N03.5	CHR NEPH SYND W DIFFUSE MESANGIO-CAP GLOMRLNEPH	Q5115	Inj truxima 10 mg	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	M65.341	TRIGGER FINGER, RIGHT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E86.0	DEHYDRATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ABCBS	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	G52.1	DISORDERS OF GLOSSOPHARYNGEAL NERVE	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	P2P Approved
BAAA	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
OCTAVE	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
BAAA	Medical Benefit Drug	I7782	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22830	EXPLORATION SPINAL FUSION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	S82.202A	UNSP FX SHAFT OF LEFT TIBIA INIT FOR CLOS FX	27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89291	BX OOCYTE MICROTQ >5 EMBRY	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89280	ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89353	THAWING CRYOPRESERVED SPERM/ SEMEN EACH ALIQUOT	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89290	BX OOCYTE POLR BDY/EMBRY BLST MICROTQ <= 5 EMBRY	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89258	CRYOPRSRV EMBRYO	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	S4042	Ovulation mgmt per cycle	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89250	CUL OOCYTE/EMBRYO <4 DAYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89254	OOCYTE ID FROM FOLLICULAR FLU	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89268	INSEMINATION OOCYTES	Partially Denied	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.22	BICIPITAL TENDINITIS, LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.22	BICIPITAL TENDINITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiv, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M76.31	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E65	LOCALIZED ADIPOSITY	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
BAAA	Medical Benefit Drug	K86.81	EXOCRINE PANCREATIC INSUFFICIENCY	B4105	Enzyme cartridge enteral nut	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2919	Inj, methylpred sod succ 5mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J0165	Inj epinephrine nos 0.1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1200	Diphenhydramine hcl injectio	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2997	Alteplase recombinant	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	

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SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J7042	5% dextrose/normal saline	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1642	Inj heparin sodium per 10 u	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J7050	Normal saline solution infus	Approved	
ASEPSE	Outpatient	S93.402S	SPRAIN OF USP LIGAMENT OF LEFT ANKLE SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S93.402S	SPRAIN OF USP LIGAMENT OF LEFT ANKLE SEQUELA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
OCTAVE	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Medical Benefit Drug	C43.9	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	J9298	Inj nivolumab 3mg/1mg	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
FEP	Inpatient	R31.0	GROSS HEMATURIA	52351	CYSTO W/URTROSCOPY&/PYELOSOCOPY DX	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R31.0	GROSS HEMATURIA	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
EXCHNG	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
EXCHNG	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Approved	
ASEPSE	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ASEPSE	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R47.01	APHASIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSACR INTVRT DISC DIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	C67.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	Approved	
EXCHNG	Inpatient	C67.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Approved	
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	0345T	TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	Denied	Administrative: Insufficient Information
SKAI_BLUE	Outpatient	K83.1	OBSTRUCTION OF BILE DUCT	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
SKAI_BLUE	Outpatient	K83.1	OBSTRUCTION OF BILE DUCT	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	27880	AMPUTATION LEG THROUGH TIBIA&FIB-ULA	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
SKAI_BLUE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.819	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMP	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	C82.93	FOLICU LYMPHOMA UNSP INTRA-ABDOMINAL LYMPH NODES	J1459	Inj ivig privigen 500 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9373	Hit hydra total diem	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
FEP	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
EXCHNG	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
HA	Inpatient	G06.2	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	O5115	Inj truxima 10 mg	Approved	

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BAAA	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	Approved	
BAAA	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
BAAA	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
BAAA	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
BAAA	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
BAAA	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	Approved	
OCTAVE	Inpatient	R62.7	ADULT FAILURE TO THRIVE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M24.661	ANKYLOSIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M24.661	ANKYLOSIS, RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M24.661	ANKYLOSIS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
BAAA	Inpatient	Q62.0	CONGENITAL HYDRONEPHROSIS	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
BAAA	Inpatient	Q62.0	CONGENITAL HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
BAAA	Inpatient	Q62.0	CONGENITAL HYDRONEPHROSIS	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	
BAAA	Inpatient	Q62.0	CONGENITAL HYDRONEPHROSIS	50405	PYELOPLASTY COMPLICATED	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z48.3	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	Z48.3	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	
EXCHNG	Inpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	D59.32	HEREDITARY HEMOLYTIC-UREMIC SYNDROME	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
OCTAVE	Inpatient	E83.42	HYPOMAGNESEMIA	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
MEDICAREADV	Outpatient	S32.040A	WEDGE COMPRSN FX FOURTH LUMBAR VERTEBRA INIT	22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Approved	
MEDICAREADV	Outpatient	S32.040A	WEDGE COMPRSN FX FOURTH LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection, onabotulinumtoxin A	Approved	
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clostr hist inj	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	51610	NJX RETROGRADE URETHROCSTOGRAPHY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
BAAA	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R47.1	DYSARTHRIA AND ANARTHRIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ASEPSE	Outpatient	M77.31	CALCANEAL SPUR, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD X TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD X TRMA	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Approved	
SKAI_BLUE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD X TRMA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD X TRMA	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
SKAI_BLUE	Outpatient	M75.112	INCOMPL ROTATR-CUFF TEAR/RUPTR OF L SHLD X TRMA	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
OCTAVE	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Inpatient	M25.562	PAIN IN LEFT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	Approved	
MEDICAREADV	Outpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S92.111D	DISP FX OF NK OF R TALUS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7323	Euflexxa inj per dose	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	33619	RPR 1 VNTRC W/O/F OBSTRJ&AORTIC ARCH HYPOPLAS	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	Q98.4	KLINEFELTER SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	
BAAA	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	33619	RPR 1 VNTRC W/O/F OBSTRCTJ&AORTIC ARCH HYPOPLAS	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	H90.A21	SNSRNRL HEAR LS UNI R EAR W RSTRCD HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C75.1	MALIGNANT NEOPLASM OF PITUITARY GLAND	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
EXCHNG	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	
EXCHNG	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30930	FRACTURE NASAL INFERIOR TURBinate THERAPEUTIC	Approved	
EXCHNG	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Approved	
FEP	Inpatient	M84.459A	PTH FRACTURE HIP UNSP INIT ENCNR FOR FRACTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	Administrative Approval
HA	Outpatient	L72.0	EPIDERMAL CYST	17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	Approved	
BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Partially Denied	Administrative Approval
BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative Approval
BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative Approval

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BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative Approval
BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Partially Denied	Administrative Approval
BAAA	Inpatient	S22.070G	WDG COMPRSN FX T9-T10 VERT SB FOR FX W DLY HEAL	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	G2211	Complex e/m visit add on	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Denied	
ABCBS	Inpatient	G40.319	GEN IDIOPATHIC EPILEPSY INTRACTABLE W/O STAT EPI	61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G40.319	GEN IDIOPATHIC EPILEPSY INTRACTABLE W/O STAT EPI	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	G40.319	GEN IDIOPATHIC EPILEPSY INTRACTABLE W/O STAT EPI	61863	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.004A	UNSPECIFIED DLOC OF RIGHT SHOULDER JOINT INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S43.004A	UNSPECIFIED DLOC OF RIGHT SHOULDER JOINT INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	E0748	Elec osteogen stim spinal	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M92.522	JUVENILE OSTEOCHONDROSIS OF TIB TUBERCLE, L LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
OCTAVE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
ASEPSE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
ASEPSE	Outpatient	S52.502A	UNSP FRACTURE THE LOWER END OF LEFT RADIUS INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiv, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	G10	HUNTINGTON'S DISEASE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	C40.02	MALIG NEOP OF SCAP AND LONG BONE OF LEFT UP LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Inpatient	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	H0010	Alcohol and/or drug services	Approved	
ASEPSE	Outpatient	M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Outpatient	G89.21	CHRONIC PAIN DUE TO TRAUMA	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	
EXCHNG	Outpatient	G89.21	CHRONIC PAIN DUE TO TRAUMA	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
OCTAVE	Inpatient	S42.301A	UNSP FRACTURE OF SHAFT OF HUMERUS RIGHT ARM INIT	23615	OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	G0283	Elec stim other than wound	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	R27.0	ATAXIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D59.12	COLD AUTOIMMUNE HEMOLYTIC ANEMIA	J1302	Inj, sutimlimab-jome, 10 mg	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1INTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
BAAA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	

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ASEPSE	Outpatient	I47.20	VENTRICULAR TACHYCARDIA, UNSPECIFIED	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Approved	
ASEPSE	Outpatient	S52.125A	NDSP FX OF HEAD OF LEFT RADIUS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S52.125A	NDSP FX OF HEAD OF LEFT RADIUS INIT FOR CLOS FX	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.59	OT LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q93.52	PHELAN-MCDERMID SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	
ARSTATEPOLICE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	A7000	Disposable canister for pump	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	Z13.71	ECT FOR NONPROCREAT SCR FOR GENETC DIS CARR STAT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	

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ASEPSE	Outpatient	S52.571A	OTH INTARTIC FX LOWER END OF RIGHT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q79.60	EHLERS-DANLOS SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARYTUM TRANSNASAL/SEPTAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.031A	MECH LOOSENING OF INT LEFT HIP PROSTH JOINT INIT	27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	Approved	
SKAI_BLUE	Inpatient	T84.031A	MECH LOOSENING OF INT LEFT HIP PROSTH JOINT INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Inpatient	T84.031A	MECH LOOSENING OF INT LEFT HIP PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Inpatient	D49.511	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RIGHT KIDNEY	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	M25.78	OSTEOPHYTE, VERTEBRAE	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M25.78	OSTEOPHYTE, VERTEBRAE	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M25.78	OSTEOPHYTE, VERTEBRAE	22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M25.78	OSTEOPHYTE, VERTEBRAE	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	S76.012S	STRAIN MUSCLE FASCIA AND TENDON OF LEFT HIP SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	G6002	Stereoscopic x-ray guidance	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	G6017	Intrafraction track motion	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETERO-PELVIC JUNCTION	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETERO-PELVIC JUNCTION	52005	CYSTO BLADDER W/URETERAL CATHE-TERIZATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETERO-PELVIC JUNCTION	50405	PYELOPLASTY COMPLICATED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q62.11	CONGENITAL OCCLUSION OF URETERO-PELVIC JUNCTION	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C34.00	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	
ASEPSE	Inpatient	R20.0	ANESTHESIA OF SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/ SBMCSL RMDLG	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	Partially Denied	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiv, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	G0283	Elec stim other than wound	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	F15.10	OTHER STIMULANT ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJEUJUNOSTOMY	Approved	
ASEPSE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Inpatient	Z93.2	ILEOSTOMY STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L89.323	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 3	G0299	Hhs/hospice of rn ea 15 min	Approved	
BAAA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q68.0	CONG DEFORMITY OF STERNOCLEIDOMASTOID MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.231A	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	S83.231A	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	S83.231A	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	S83.231A	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Denied	
ASEPSE	Outpatient	S83.231A	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S83.231A	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	G4033	Skilled nursing facility ss	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5181	Hearing aid monaural bte	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	Q5104	Injection, renflexis	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
SKAI_BLUE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	Approved	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Denied	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	G2211	Complex e/m visit add on	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	Denied	
ASEPSE	Outpatient	I63.311	CEREB INFRD D/T THOMBOS OF RIGHT MID CEREB ART	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I63.311	CEREB INFRC D/T THOMBOS OF RIGHT MID CEREB ART	99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I83.12	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INF	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
FEP	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	N80.30	ENDOMETRIOSIS OF PELVIC PERITONEUM, UNSPECIFIED	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Approved	
BAAA	Outpatient	N80.30	ENDOMETRIOSIS OF PELVIC PERITONEUM, UNSPECIFIED	58558	HYSTEROSCOPY BX ENDOMETRIUM&/ POLYPC W/WO D&C	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Administrative Approval
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Administrative Approval
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative Approval
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Partially Denied	Administrative Approval
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	N28.1	CYST OF KIDNEY, ACQUIRED	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	
MEDICAREADV	Inpatient	N28.1	CYST OF KIDNEY, ACQUIRED	50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	Approved	
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	Partially Denied	
BAAA	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Partially Denied	
BAAA	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	88342	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	Partially Denied	
BAAA	Outpatient	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	88360	M/PHMTRC ALYSTUMOR IMHCHEM EA ANTIBODY MANUAL	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97763	ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	Approved	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4161	Ef ped hydrolyzed/amino acid	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B9002	Enter nutr inf pump any type	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B9998	Enteral supp not otherwise c	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4035	Enteral feed supp pump per d	Approved	
BAAA	Inpatient	H70.91	UNSPECIFIED MASTOIDITIS, RIGHT EAR	10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	Approved	
BAAA	Inpatient	H70.91	UNSPECIFIED MASTOIDITIS, RIGHT EAR	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Approved	
ASEPSE	Outpatient	S93.492D	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMOTIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	R18.8	OTHER ASCITES	49083	ABDOM PARACENTESIS DX/THER W/ IMAGING GUIDANCE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	R18.8	OTHER ASCITES	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	48155	PANCREATECTOMY TOTAL	Approved	
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	S92.002D	UNSP FX LEFT CALCANEUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D33.2	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S06.0X0S	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49615	RPR AA HERNIA RECR 3-10 CM REDUCIBLE	Approved	

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SKAI_BLUE	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K25.4	CHRONIC OR USP GASTRIC ULCER WITH HEMORRHAGE	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K25.4	CHRONIC OR USP GASTRIC ULCER WITH HEMORRHAGE	43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9171	Docetaxel injection	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5111	Injection, udenyca 0.5 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9045	Carboplatin injection	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J1100	Dexamethasone sodium phos	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J2469	Palonosetron hcl	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J0185	Inj., aprepitant, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9316	Pertuzu, trastuzu, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	54125	AMPUTATION PENIS COMPLETE	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	15750	FLAP NEUROVASCULAR PEDICLE	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	15241	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX-/G/H/F EA ADDL	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	56805	CLITOROPLASTY INTERSEX STATE	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	57292	CONSTRUCTION ARTIFICIAL VAGINA W/ GRAFT	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX-/G/H/F 20SQCM/<	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Administrative Approval
EXCHNG	Inpatient	S72.462K	DISPL SPCND FX W NTCND EXTN LOW END L FEMR 7THK	27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	37615	LIGATION MAJOR ARTERY NECK	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	76775	US RETROPERITONEAL REAL TIME W/ IMAGE LIMITED	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NE-PHRECTOMY	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
ARSTATEPOLICE	Outpatient	S83.271D	CMPLEX TEAR OF LAT MENS CRNT INJ RIGHT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q66.229	CONGENITAL METATARSUS ADDUCTUS, UNSPECIFIED FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.001A	USP SUBLUX OF RIGHT PATELLA INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection, onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M99.09	SEG AND SOMATIC DYSFUNCTION OF ABD AND OTH RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.661	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G96.198	OTHER DISORDERS OF MENINGES, NEC	63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	I70.221	ATHSCL NATIVE ART OF EXTRM W REST PAIN RIGHT LEG	35646	BYP OTH/THN VEIN AORTOBIFEMORAL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J2778	Ranibizumab injection	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Inpatient	G40.804	OTHER EPILEPSY INTRACTABLE WITHOUT STATUS EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.804	OTHER EPILEPSY INTRACTABLE WITHOUT STATUS EPI	61867	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD 1ST ARRAY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	52000	CYSTOURETHROSCOPY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	51700	BLDR IRRIGATION SMPL LAVAGE &/ INSTLJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	S9123	Nursing care in home rn	Approved	
ASEPSE	Outpatient	S52.501A	UNSP FRACTURE THE LOWER END OF RIGHT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
MEDICAREADV	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
MEDICAREADV	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50240	NEPHRECTOMY PARTIAL	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.619D	USP SPRAIN OF USP FINGER SUBS ENCINTR	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	
SKAI_BLUE	Inpatient	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
ASEPSE	Outpatient	M65.341	TRIGGER FINGER, RIGHT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	S2900	Robotic surgical system	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	61536	CRANIOT EPILEPTOGENIC FOCUS W/ ELECTROCORTCOGRPHY	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	36573	INSERTION PICC W/RS&I 5 YR/>	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	61737	LITT LES ICR MLT TRAJECTORIES MLT/ CPLX LESIONS	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	
SKAI_BLUE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	36569	INSERTION PICC W/O IMG GDN 5 YR/>	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
FEP	Outpatient	R06.83	SNORING	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	R06.83	SNORING	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Medical Benefit Drug	M54.50	LOW BACK PAIN, UNSPECIFIED	J3490	Drugs unclassified injection	Denied	
ASEPSE	Medical Benefit Drug	M54.50	LOW BACK PAIN, UNSPECIFIED	S9328	Hit pain imp pump diem	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Approved	
ARSTATEPOLICE	Outpatient	S61.012A	LAC W/O FB OF LEFT THUMB W/O DAMAGE TO NAIL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S33.4XXD	TRAUMATIC RUPTURE OF SYMPHYSIS PUBIS SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K31.9	DISEASE OF STOMACH AND DUODENUM, UNSPECIFIED	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
BAAA	Inpatient	K31.9	DISEASE OF STOMACH AND DUODENUM, UNSPECIFIED	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S46.911A	STR UNSP MUSC/FSC/TEND AT SHLD/UP ARM R ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	76775	US RETROPERITONEAL REAL TIME W/ IMAGE LIMITED	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
BAAA	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	L3670	So acro/clav can web pre ots	Approved	
BAAA	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	G0378	Hospital observation per hr	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z74.09	OTHER REDUCED MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9118	Inj. calaspargase pegol-mknl	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
FEP	Outpatient	M67.461	GANGLION, RIGHT KNEE	27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	Approved	
ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	R25.2	CRAMP AND SPASM	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
HA	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
HA	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	21243	ARTHROPLASTY/TOTAL JOINT W/PROSTHETIC REPLACEMENT	Approved	
HA	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	21147	RECONSTRUCTION OF MIDFACE LEFORT I 3/4 PIECE W/ BONE GRAFTS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC EXERCISES 1/2 AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	J43.9	EMPHYSEMA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC EXERCISES 1/2 AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC EXERCISES 1/2 AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC EXERCISES 1/2 AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection, onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMOTHERAPY FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	E88.02	PLASMINOGEN DEFICIENCY	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
BAAA	Medical Benefit Drug	E88.02	PLASMINOGEN DEFICIENCY	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
BAAA	Medical Benefit Drug	E88.02	PLASMINOGEN DEFICIENCY	J2998	Inj plasminogen tvmh 1mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC EXERCISES 1/2 AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELOPATHY UNSP CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELOPATHY UNSP CERV REGION	22853	INSTRUMENTATION DEV INTERVERTEBRAL DISC SPACE W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELOPATHY UNSP CERV REGION	22551	ARTHROPLASTY ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	I50.43	AC ON CHR COMB SYSTOLIC AND DIASTOLIC HRT FAIL	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC EXERCISES 1/2 AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	R10.31	RIGHT LOWER QUADRANT PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	T18.9XXA	FB OF ALIMENTARY TRACT PART UNSP INIT ENCNTR	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
BAAA	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	11400	EXC B9 LESION MRGN XCP SKTG T/A/L 0.5 CM/<	Approved	
ASEPSE	Inpatient	C7A.090	MALIG CARCINOID TUMOR OF THE BRONCHUS AND LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	N48.6	INDURATION PENIS PLASTICA	54360	PLASTIC RPR PENIS CORRECT ANGLULATION	Approved	
ASEPSE	Outpatient	N48.6	INDURATION PENIS PLASTICA	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	S0189	Testosterone pellet 75 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D10.6	BENIGN NEOPLASM OF NASOPHARYNX	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	Approved	
BAAA	Inpatient	D10.6	BENIGN NEOPLASM OF NASOPHARYNX	75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Approved	
BAAA	Inpatient	D10.6	BENIGN NEOPLASM OF NASOPHARYNX	61626	TCAT PERMANT OCCLUSION/EMBOIZATION PRQ NON-CNS	Approved	
BAAA	Inpatient	D10.6	BENIGN NEOPLASM OF NASOPHARYNX	36222	SLCTV CATH CAROTID/INNOART ANGIO XTRCRANL ART	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32100	THORACOTOMY WITH EXPLORATION	Approved	
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	Q85.01	NEUROFIBROMATOSIS, TYPE 1	13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	Approved	
SKAI_BLUE	Inpatient	Q85.01	NEUROFIBROMATOSIS, TYPE 1	21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	Approved	
SKAI_BLUE	Inpatient	Q85.01	NEUROFIBROMATOSIS, TYPE 1	21012	EXCISION TUMOR SOFT TISS FACE/ SCALP SUBQ 2 CM/>	Approved	
SKAI_BLUE	Inpatient	Q85.01	NEUROFIBROMATOSIS, TYPE 1	13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S93.04XA	DLOC OF RIGHT ANKLE JOINT INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	R19.07	GEN INTRA-ABD AND PELVIC SWELLING MASS AND LUMP	52005	CYSTO BLADDER W/URETERAL CATHE- TERIZATION	Approved	

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HA	Outpatient	R19.07	GEN INTRA-ABD AND PELVIC SWELLING MASS AND LUMP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I35.9	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	33410	RPLCMT AORTIC VALVE OPN W/STENT-LESS TISSUE VALVE	Approved	
EXCHNG	Inpatient	I35.9	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5121	Inj. avsola, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Medical Benefit Drug	M62.830	MUSCLE SPASM OF BACK	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	Q5103	Injection, inflectra	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ARSTATEPOLICE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C7B.02	SECONDARY CARCINOID TUMORS OF LIVER	J1932	Inj, lanreotide, (cipl) 1mg	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.539	PAIN IN UNSPECIFIED WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.01	MULTIPLE MYELOMA IN REMISSION	J1561	Gamunex-c/gammaked	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	35201	REPAIR BLOOD VESSEL DIRECT NECK	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	I77.810	THORACIC AORTIC ECTASIA	33853	RPR HYPOPLASTIC A-ARCH W/AUTOG/ PROSTC W/BYPASS	Approved	
SKAI_BLUE	Inpatient	S06.9X9A	UNSP INTCR INJURY W LOC OF UNSP DURATION INIT	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
HA	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
HA	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
HA	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
HA	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
ASEPSE	Outpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M75.51	BURSITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ABCBS	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
OCTAVE	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C94.00	ACUTE ERYTHROID LUK NOT HAVING ACHIEVE REMIS	J9266	Pegaspargase injection	Approved	
SKAI_BLUE	Inpatient	C94.00	ACUTE ERYTHROID LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPENTM STRNT/ THRCM ANY METHOD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	

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ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D61.818	OTHER PANCYTOPENIA	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	G4033	Skilled nursing facility ss	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77470	SPECIAL TREATMENT PROCEDURE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6002	Stereoscopic x-ray guidance	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G0340	Robt lin-radsurg fractx 2-5	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77373	STEREOTACTIC BODY RADIATION DELIVERY	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G0339	Robot lin-radsurg com, first	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Approved	
FEP	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	Approved	Administrative Approval
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
FEP	Inpatient	I72.0	ANEURYSM OF CAROTID ARTERY	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I72.0	ANEURYSM OF CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	O36.5990	MAT CR FOR OT OR SUSP POR FETL GRTH USP TRI USP	59409	VAGINAL DELIVERY ONLY	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S39.012D	STRAIN MUSCLE FSC AND TENDON OF LOWER BACK SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	
EXCHNG	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J1453	Fosaprepitant injection	Approved	
EXCHNG	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
HA	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	
SKAI_BLUE	Inpatient	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	J0885	Epoetin alfa, non-esrd	Approved	
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N15.1	RENAL AND PERINEPHRIC ABSCESS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	

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EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
FEP	Outpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMLV TUBE/OVARY	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93655	ICAR CATH ABLATION DISCRETE MECHA- NISM ARRHYTHMIA	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAV- ING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	
SKAI_BLUE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
EXCHNG	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H57.813	BROW PTOSIS, BILATERAL	67900	REPAIR BROW PTOSIS	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7318	Inj, durolane 1 mg	Approved	
ASEPSE	Outpatient	K59.02	OUTLET DYSFUNCTION CONSTIPATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9122	Home health aide or certifie	Partially Denied	
ASEPSE	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9131	Pt in the home per diem	Partially Denied	
SKAI_BLUE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	56630	VULVECTOMY RADICAL PARTIAL	Approved	
SKAI_BLUE	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	38760	INGUINOFEM LMPHADEC SUPFC W/ CLOQUETS NODE SPX	Approved	
OCTAVE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Inpatient	Z93.3	COLOSTOMY STATUS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
BAAA	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50240	NEPHRECTOMY PARTIAL	Approved	
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Partially Denied	
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Partially Denied	
MEDICAREADV	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
MEDICAREADV	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	
ASEPSE	Outpatient	N52.31	ERECTILE DYSFUNCTION FOL RADICAL PROSTATECTOMY	55175	SCROTOPLASTY SIMPLE	Approved	
ASEPSE	Outpatient	N52.31	ERECTILE DYSFUNCTION FOL RADICAL PROSTATECTOMY	14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Approved	
ASEPSE	Outpatient	N52.31	ERECTILE DYSFUNCTION FOL RADICAL PROSTATECTOMY	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	
SKAI_BLUE	Outpatient	Z80.0	FAMILY HISTORY OF MALIG NEOP OF DIGESTIVE ORGANS	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.572	MUS WASTING AND ATROPHY NEC LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M93.959	OSTEOCHONDROPATHY UNSPECIFIED UNSPECIFIED THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Outpatient	J96.11	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	E0466	Home vent non-invasive inter	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Outpatient	C81.28	MIXED CELL HODGKIN LYMPH LYMPH NODES MULT SITE	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	
SKAI_BLUE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	R53.1	WEAKNESS	G0283	Elec stim other than wound	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K51.511	LEFT SIDED COLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
BAAA	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	J9000	Doxorubicin hcl injection	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	J9060	Cisplatin 10 mg injection	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	Approved	
OCTAVE	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	J0588	Incobotulinumtoxin a	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL- ORECTAL ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.01	RECURRENT DISLOCATION OF PATELLA, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R78.81	BACTEREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9338	Hit immunotherapy diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	S46.001A	UNSP INJ MUS/TEND THE ROTATOR CUFF OF R SHLD INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	S9131	Pt in the home per diem	Denied	

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BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	I44.2	ATRIOVENTRICULAR BLOCK, COMPLETE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I22.9	SUBSEQUENT STEMI OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
OCTAVE	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	20680	REMOVAL IMPLANT DEEP	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.004A	USP DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	J1930	Lanreotide injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
SKAI_BLUE	Outpatient	Z98.1	ARTHRODESIS STATUS	E0748	Elec osteogen stim spinal	Approved	
ASEPSE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
HA	Inpatient	T85.618A	BREAKDOWN OF INTERNAL PROSTH DEV/GRFT INIT	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Approved	
ABCBS	Medical Benefit Drug	D59.9	ACQUIRED HEMOLYTIC ANEMIA, UNSPECIFIED	Q5115	Inj truxima 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D69.49	OTHER PRIMARY THROMBOCYTOPENIA	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.13	RADICULOPATHY, CERVICOTHORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M21.6X1	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S01.93XA	PUNCTURE WOUND W/O FB OF UNSP PART OF HEAD INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.671	STIFFNESS OF RIGHT ANKLE NOT ELSE-WHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M79.606	PAIN IN LEG, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	
SKAI_BLUE	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	Approved	
SKAI_BLUE	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	43870	CLOSURE GASTROSTOMY SURG	Approved	
SKAI_BLUE	Inpatient	K31.6	FISTULA OF STOMACH AND DUODENUM	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	S9128	Speech therapy, in the home,	Partially Denied	

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ASEPSE	Outpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	S9129	Occupational therapy, in the	Partially Denied	
ASEPSE	Outpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	S9122	Home health aide or certifie	Partially Denied	
SKAI_BLUE	Inpatient	M87.00	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	Approved	Administrative Approval
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHENTISS RMVL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	
EXCHNG	Medical Benefit Drug	M45.A0	NON-RADIOGRAPHIC AXL SPONDYLORHTRT USP SIT SPIN	J0717	Certolizumab pegol inj 1mg	Approved	
ASEPSE	Outpatient	R63.31	PEDIATRIC FEEDING DISORDER, ACUTE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N10	ACUTE PYELONEPHRITIS	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/ LXTR ART BRNCH	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	33771	RPR TGA W/USD&SUBPULM STEN W/ SURG ENLGMNT VSD	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	Approved	
BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	

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BAAA	Inpatient	I71.012	DISSECTION OF DESCENDING THORACIC AORTA	33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	J9271	Inj pembrolizumab	Approved	
SKAI_BLUE	Medical Benefit Drug	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	J9177	Inj enfort vedo-ejfv 0.25mg	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D41.01	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	
BAAA	Inpatient	D41.01	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Approved	
BAAA	Inpatient	D41.01	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M31.31	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.322	CHR VENOUS HYPERTENSION W INF OF L LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	G0157	Hhc pt assistant ea 15	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	

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MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	K43.3	PARASTOMAL HERNIA WITH OBST WITH-OUT GANGRENE	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	O21.0	MILD HYPEREMESIS GRAVIDARUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	
MEDICAREADV	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	K62.89	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Denied	Did Not Meet Medical Necessity Criteria

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SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R80.2	ORTHOSTATIC PROTEINURIA, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F90.8	ATTENTION-DEFICIT HYPERACT DISORDER OTHER TYPE	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Approved	
ASEPSE	Outpatient	F90.8	ATTENTION-DEFICIT HYPERACT DISORDER OTHER TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	T81.329D	DEEP DISRUPT/DEHISC OF OPERATION WOUND UNSP SUBS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N73.9	FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61510	CRANIECTREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S80.01XA	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	T07.XXXA	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	H70.92	UNSPECIFIED MASTOIDITIS, LEFT EAR	92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	H70.92	UNSPECIFIED MASTOIDITIS, LEFT EAR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	H70.92	UNSPECIFIED MASTOIDITIS, LEFT EAR	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R39.15	URGENCY OF URINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ABCBS	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S52.091D	OT FX UP END OF R UL SB FOR CLOS FX W ROUT HEAL	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.621	STIFFNESS OF RIGHT ELBOW NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K86.81	EXOCRINE PANCREATIC INSUFFICIENCY	B4105	Enzyme cartridge enteral nut	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	I78.1	NEVUS, NON-NEOPLASTIC	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Denied	
ASEPSE	Outpatient	G90.511	COMPLEX REGIONAL PAIN SYND I OF RIGHT UPPER LIMB	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Denied	
OCTAVE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
ABCBS	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R20.2	PARESTHESIA OF SKIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMESTER	J7624	Betamethasone comp unit	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	M25.352	OTHER INSTABILITY, LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	

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BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J1453	Fosaprepitant injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J9286	Inj glofitamab gxbm, 2.5 mg	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99417	PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	G12.21	AMYOTROPHIC LATERAL SCLEROSIS	B4152	Ef calorie dense>=/=1.5kcal	Approved	
ARSTATEPOLICE	Outpatient	G12.21	AMYOTROPHIC LATERAL SCLEROSIS	B4034	Enter feed supkit syr by day	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27295	DISARTICULATION HIP	Approved	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44211	LAPS COLCT TTL ABD W/PRCTECT ILEO-ANAL ANASTOMISIS	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	Approved	

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ASEPSE	Outpatient	M22.2X9	PATELLOFEMORAL DISORDERS, UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	95992	CANALITH REPOSITIONING PROCEDURE	Approved	
HA	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	S2900	Robotic surgical system	Denied	
FEP	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Denied	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	27279	ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	Approved	
MEDICAREADV	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	
HA	Inpatient	Q28.3	OTHER MALFORMATIONS OF CEREBRAL VESSELS	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
EXCHNG	Inpatient	I60.8	OTHER NONTRAUMATIC SUBARACHNOID HEMORRHAGE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	

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EXCHNG	Inpatient	S14.105A	UNSP INJURY AT C5 LEVEL OF CERV SPINAL CORD INIT	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M26.603	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER UNSP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L02.419	CUTANEOUS ABSCESS OF LIMB, UNSPECIFIED	10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Q23.1	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	
SKAI_BLUE	Inpatient	Q23.1	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
BAAA	Medical Benefit Drug	R51.9	HEADACHE, UNSPECIFIED	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	Z93.3	COLOSTOMY STATUS	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	Administrative Approval
FEP	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Denied	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	G4033	Skilled nursing facility ss	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
BAAA	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
BAAA	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Partially Denied	
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	R33.9	RETENTION OF URINE, UNSPECIFIED	55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	Approved	
ABCBS	Inpatient	M16.51	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	K52.21	FOOD PROTEIN-INDUCED ENTEROCOLITIS SYNDROME	B4161	Ef ped hydrolyzed/amino acid	Denied	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	
BAAA	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	S9359	Hit anti-tnf per diem	Approved	
BAAA	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
BAAA	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
BAAA	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXA	SPRAIN OF OTH PARTS OF LUM SPINE AND PELVIS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	D58.2	OTHER HEMOGLOBINOPATHIES	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	D58.2	OTHER HEMOGLOBINOPATHIES	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
ARSTATEPOLICE	Outpatient	R41.840	ATTENTION AND CONCENTRATION DEFICIT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ARSTATEPOLICE	Outpatient	R41.840	ATTENTION AND CONCENTRATION DEFICIT	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ARSTATEPOLICE	Outpatient	R41.840	ATTENTION AND CONCENTRATION DEFICIT	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I87.1	COMPRESSION OF VEIN	34502	RECONSTRUCTION VENA CAVA ANY METHOD	Approved	
MEDICAREADV	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	

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FEP	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
FEP	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
FEP	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
BAAA	Medical Benefit Drug	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	J1453	Fosaprepitant injection	Approved	
BAAA	Medical Benefit Drug	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	J9267	Paclitaxel injection	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
HA	Inpatient	I25.708	ATHS OF CABG UNSP W OTH ANGINA PECTORIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Medical Benefit Drug	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	
BAAA	Medical Benefit Drug	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	J9306	Injection, pertuzumab, 1 mg	Approved	
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	R13.19	OTHER DYSPHAGIA	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	
HA	Inpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	20704	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	20680	REMOVAL IMPLANT DEEP	Approved	
BAAA	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	K11.6	MUCOCELE OF SALIVARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	K11.6	MUCOCELE OF SALIVARY GLAND	31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S12.490D	OT DISP FX OF 5TH CRV VERT SB FOR FX W ROUT HEAL	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32507	THORACOTOMY W/DX WEDGE RESEXN & AN TOM LUNG RESE	Approved	
SKAI_BLUE	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N80.8	OTHER ENDOMETRIOSIS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Approved	
SKAI_BLUE	Inpatient	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	

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ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.00	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	Q5122	Inj, nyvepria	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
FEP	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	Approved	Administrative Approval
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5107	Inj mvasi 10 mg	Approved	
OCTAVE	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	L89.150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	Administrative Approval
FEP	Inpatient	L89.150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	Administrative Approval
FEP	Inpatient	L89.150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	Approved	Administrative Approval
ABCBS	Inpatient	G71.01	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
OCTAVE	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	S49.91XD	UNSP INJURY OF RIGHT SHLD AND UPPER ARM SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M20.011	MALLET FINGER OF RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M65.872	OTH SYNOVITIS AND TENOSYNOVITIS LEFT ANKL AND FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M65.872	OTH SYNOVITIS AND TENOSYNOVITIS LEFT ANKL AND FT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	K65.1	PERITONEAL ABSCESS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S82.122A	DISP FX OF LAT CONDYLE OF L TIB INI FOR CLOS FX	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	
EXCHNG	Inpatient	S82.122A	DISP FX OF LAT CONDYLE OF L TIB INI FOR CLOS FX	27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	Approved	
FEP	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	I81	PORTAL VEIN THROMBOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Approved	
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
EXCHNG	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	S9123	Nursing care in home rn	Approved	
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1561	Gamunex-c/gammaked	Approved	
BAAA	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7321	Hyalgan supartz visco-3 dose	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S46.111D	STR MUSC/FASC/TEND LONG HD BICEP RIGHT ARM SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M89.49	OTHER HYPERTROPHIC OSTEOARTHROPATHY MLT SITES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M89.49	OTHER HYPERTROPHIC OSTEOARTHROPATHY MLT SITES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M89.49	OTHER HYPERTROPHIC OSTEOARTHROPATHY MLT SITES	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	M89.49	OTHER HYPERTROPHIC OSTEOARTHROPATHY MLT SITES	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	M89.49	OTHER HYPERTROPHIC OSTEOARTHROPATHY MLT SITES	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M89.49	OTHER HYPERTROPHIC OSTEOARTHROPATHY MLT SITES	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
OCTAVE	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	J18.1	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
BAAA	Inpatient	O63.0	PROLONGED FIRST STAGE (OF LABOR)	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
BAAA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1750	Inj iron dextran	Approved	
HA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E2605	Position wc cush wdth <22 in	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E1022	Wheelchr transport secur	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	K0065	Spoke protectors	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E2293	Contour back for ped size wc	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E0971	Wheelchair anti-tipping devi	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E0978	W/c acc,saf belt pelv strap	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E0973	W/ch access det adj armrest	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	K0108	W/c component-accessory nos	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	K0040	Adjustable angle footplate	Approved	
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E1235	Rigid ped wc adjustable	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	E2213	Pneumatic prop tire insert	Approved	
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	8E0W4CZ	Robotic Assisted Procedure of Trunk, Perc Endo Approach	Approved	
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	0WUF4JZ	Supplement Abdominal Wall with Synth Sub, Perc Endo Approach	Approved	
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	3E0T3BZ	Introduce Anesthetic in Periph Nrv, Plexi, Perc	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	R51.9	HEADACHE, UNSPECIFIED	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
FEP	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M86.8X7	OTHER OSTEOMYELITIS, ANKLE AND FOOT	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M86.8X7	OTHER OSTEOMYELITIS, ANKLE AND FOOT	14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M86.8X7	OTHER OSTEOMYELITIS, ANKLE AND FOOT	28005	INCISION BONE CORTEX FOOT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M86.8X7	OTHER OSTEOMYELITIS, ANKLE AND FOOT	28805	AMPUTATION FOOT TRANSMETARSAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G62.9	POLYNEUROPATHY, UNSPECIFIED	J1559	Hizentra injection	Approved	
BAAA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R05.3	CHRONIC COUGH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection, onabotulinumtoxinA	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection, onabotulinumtoxinA	Approved	
ASEPSE	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
MEDICAREADV	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	Approved	
FEP	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	Q5101	Injection, zarxio	Approved	
HA	Inpatient	I50.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	G6015	Radiation tx delivery imrt	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	E66.812	OBESITY, CLASS 2	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria

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HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	G82.54	QUADRIPLEGIA, C5-C7 INCOMPLETE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M34.9	SYSTEMIC SCLEROSIS, UNSPECIFIED	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
ASEPSE	Outpatient	M19.171	POST-TRAUMATIC OSTEOARTH RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	52356	CYSTO/URETERO W/LITHOTRIPSY & IN-DWELL STENT INSRT	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
EXCHNG	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ABCBS	Medical Benefit Drug	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	J0791	Inj crizanlizumab-tmca 5mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M96.662	FX FEMUR FOL INSRT ORTHO IMP/PROS/BN PLT L LEG	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Approved	
BAAA	Medical Benefit Drug	E85.4	ORGAN-LIMITED AMYLOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21615	EXCISION 1ST &/CERVICAL RIB	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
HA	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J9223	Inj. lurbinectedin, 0.1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S32.9XXA	FX UNSP PARTS OF LUMBOSACR SPINE AND PELVIS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	J91.8	PLEURAL EFFUSION IN OTHER COND CLAS ELSEWHERE	32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	J91.8	PLEURAL EFFUSION IN OTHER COND CLAS ELSEWHERE	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	J0585	Injection, onabotulinumtoxinA	Approved	
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	
SKAI_BLUE	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0152	Hhcp-serv of ot,ea 15 min	Approved	
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0151	Hhcp-serv of pt,ea 15 min	Approved	
EXCHNG	Inpatient	R11.15	CYCLICAL VOMITING SYNDROME UNRELATED TO MIGRAINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
SKAI_BLUE	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9073	Inj cyclophos dr reddys 5 mg	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J1100	Dexamethasone sodium phos	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9171	Docetaxel injection	Approved	
BAAA	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
BAAA	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
SKAI_BLUE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	E0430	Oxygen system gas portable	Approved	
SKAI_BLUE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	E0445	Oximeter non-invasive	Approved	
SKAI_BLUE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	E1390	Oxygen concentrator	Approved	
ASEPSE	Outpatient	S42.232D	3-PRT FX SURG NK OF L HMRS SB FOR FX W ROUT HEAL	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	S42.232D	3-PRT FX SURG NK OF L HMRS SB FOR FX W ROUT HEAL	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
SKAI_BLUE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58954	BSO W/OMENECTOMY TAH DEBULKING W/LMPHADECTOMY	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J9311	Inj rituximab, hyaluronidase	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K61.1	RECTAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	C82.13	FOLICU LYMPHOMA GRADE II INTRA-ABD LYMPH NODES	J9311	Inj rituximab, hyaluronidase	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	T86.810	LUNG TRANSPLANT REJECTION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	T86.810	LUNG TRANSPLANT REJECTION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	T86.810	LUNG TRANSPLANT REJECTION	S9338	Hit immunotherapy diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	T86.810	LUNG TRANSPLANT REJECTION	J1568	Octagam injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/ TRICORT SEP INC	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	S52.572A	OTH INTARTIC FX LOWER END OF LEFT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.831D	OT FX UP&LO END R FIBULA SB FOR CLS FX ROUT HEAL	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	Approved	
ASEPSE	Inpatient	D39.10	NEOPLASM OF UNCERTAIN BEHAVIOR OF USP OVARY	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D39.10	NEOPLASM OF UNCERTAIN BEHAVIOR OF USP OVARY	44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D39.10	NEOPLASM OF UNCERTAIN BEHAVIOR OF USP OVARY	58958	RESCJ RECR OVR TBL PP UTR MAL OMNTC PEL LMPHADEC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	Approved	
MEDICAREADV	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
MEDICAREADV	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
MEDICAREADV	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	Approved	
SKAI_BLUE	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	Q5111	Injection, udenyca 0.5 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Outpatient	D58.0	HEREDITARY SPHEROCYTOSIS	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
SKAI_BLUE	Outpatient	D58.0	HEREDITARY SPHEROCYTOSIS	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Approved	
SKAI_BLUE	Outpatient	D58.0	HEREDITARY SPHEROCYTOSIS	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Approved	
SKAI_BLUE	Outpatient	D58.0	HEREDITARY SPHEROCYTOSIS	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Approved	
OCTAVE	Inpatient	Q04.8	OTHER SPECIFIED CONGENITAL MALFORM OF BRAIN	70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	Approved	

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OCTAVE	Inpatient	Q04.8	OTHER SPECIFIED CONGENITAL MALFORM OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
OCTAVE	Inpatient	Q04.8	OTHER SPECIFIED CONGENITAL MALFORM OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
OCTAVE	Inpatient	Q04.8	OTHER SPECIFIED CONGENITAL MALFORM OF BRAIN	61536	CRANIOT EPILEPTOGENIC FOCUS W/ ELECTROCORTCOGRPHY	Approved	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	Approved	
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

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SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ABCBS	Medical Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	S0189	Testosterone pellet 75 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
FEP	Outpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
FEP	Outpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Approved	
FEP	Outpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	N81.10	CYSTOCELE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
SKAI_BLUE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
HA	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	

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ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M66.832	SPN RUPTURE OF OTHER TENDONS LEFT FOREARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.131	POST-TRAUMATIC OSTEOARTHROSITIS, RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOIP IF PFRMD	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	G0153	Hhpc-svs of s/l path,ea 15mn	Approved	
ASEPSE	Outpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	G0151	Hhpc-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	G0152	Hhpc-serv of ot,ea 15 min	Approved	
ASEPSE	Outpatient	M51.370	OT INTVRT DISC DEGEN LUMBOSACR DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	S22.000A	WEDGE COMPRSN FX UNSP THORACIC VERTEBRA INIT	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Approved	
MEDICAREADV	Outpatient	S22.000A	WEDGE COMPRSN FX UNSP THORACIC VERTEBRA INIT	22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHROSITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.01	MEDIAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	G0283	Elec stim other than wound	Partially Denied	

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ASEPSE	Outpatient	F98.29	OTH FEEDING DISORD OF INFANCY & EARLY CHILDHOOD	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
ASEPSE	Outpatient	F98.29	OTH FEEDING DISORD OF INFANCY & EARLY CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97112	THER PX 1/> AREAS EACH 15 MIN NEU- ROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97035	APPL MODALITY 1+ AREAS ULTRA- SOUND EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Approved	
MEDICAREADV	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.42	METATARSALGIA, LEFT FOOT	L3000	Ft insert ucb berkeley shell	Partially Denied	
ASEPSE	Outpatient	M77.42	METATARSALGIA, LEFT FOOT	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Partially Denied	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J1100	Dexamethasone sodium phos	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J9260	Inj methotrexate sodium 50mg	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J1308	Inj, famotidine, 0.25 mg	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOL- ID ORGAN SITES	J7050	Normal saline solution infus	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1650	Inj enoxaparin sodium	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J1200	Diphenhydramine hcl injectio	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J2405	Ondansetron hcl injection	Approved	
OCTAVE	Inpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	J7030	Normal saline solution infus	Approved	
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	A5500	Diab shoe for density insert	Approved	
SKAI_BLUE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	L5000	Sho insert w arch toe filler	Approved	
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	S82.891D	OTH FX R LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C02.1	MALIGNANT NEOPLASM OF BORDER OF TONGUE	38724	CERVICAL LYMPHDEEC MODIFIED RADICAL NECK DSJ	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	G6015	Radiation tx delivery imrt	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2066	Breast gap flap reconst	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19301	MASTECTOMY PARTIAL	Approved	
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	F90.0	ATTN-DEFCT HYPERACT DIS PREDOM INATTENTIVE TYPE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5256	Hearing aid, digit, mon, ite	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
FEP	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Q24.8	OTHER SPECIFIED CONGENITAL MAL- FORM OF HEART	33050	RESECTION PERICARDIAL CYST/TUMOR	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO- DENERVATION BLADDER	Approved	
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	Approved	
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Approved	
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ABCBS	Outpatient	R25.2	CRAMP AND SPASM	62270	DIAGNOSTIC LUMBAR SPINAL PUNC- TURE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1STTO 1 HR	Approved	
ABCBS	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21615	EXCISION 1ST &/CERVICAL RIB	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBI- NATE PRTL/COMPL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31255	NASAL/SINUS NDSC W/TOTAL ETHOID-ECTOMY	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30140	SUBMUCOUS RESECT INFERIOR TURBINA TE PRTL/COMPL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/ BI SPX	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31256	NASAL/SINUS ENDOSCOPY W/MAXIL-LARY ANTROSTOMY	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4150	Ef complet w/intact nutrient	Approved	
EXCHNG	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4034	Enter feed supkit syr by day	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	Q07.00	ARNLD-CHIARI SYND W/O SPINA BIFIDA/ HYDROCEPHALUS	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
EXCHNG	Inpatient	Q07.00	ARNLD-CHIARI SYND W/O SPINA BIFIDA/ HYDROCEPHALUS	10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S76.312A	STR MSL/FSC/TND POST GRP AT THI LEV LEFT THI INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Outpatient	I25.5	ISCHEMIC CARDIOMYOPATHY	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M19.049	PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.323	CHRONIC VENOUS HTN W INF OF BILATERAL LOW EXTRM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNT VEIN	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	E83.52	HYPERCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Medical Benefit Drug	M45.9	ANKYLOSING SPONDYLITIS OF USP SITES IN SPINE	J1602	Golimumab for iv use 1mg	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38222	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
BAAA	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32673	THORACOSCOPY RESEXN THYMUS UNI/ BILATERAL	Approved	
EXCHNG	Inpatient	O36.5990	MAT CR FOR OT OR SUSP POR FETL GRTH USP TRI USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	Q68.0	CONG DEFORMITY OF STERNOCLEIDOMASTOID MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G90.09	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	F90.0	ATTN-DEFCT HYPERACT DIS PREDOM INATTENTIVE TYPE	90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
EXCHNG	Inpatient	R14.0	ABDOMINAL DISTENSION (GASEOUS)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.672	STIFFNESS OF LEFT ANKLE NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	S22.089S	UNSPECIFIED FRACTURE OF T11-T12 VERTEBRA SEQUELA	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	S22.089S	UNSPECIFIED FRACTURE OF T11-T12 VERTEBRA SEQUELA	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
EXCHNG	Inpatient	S22.089S	UNSPECIFIED FRACTURE OF T11-T12 VERTEBRA SEQUELA	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	S22.089S	UNSPECIFIED FRACTURE OF T11-T12 VERTEBRA SEQUELA	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
ASEPSE	Outpatient	S46.122A	LAC MUSC/FASC/TEND LONG HD BICEP LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.122A	LAC MUSC/FASC/TEND LONG HD BICEP LEFT ARM INIT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Outpatient	I83.819	VARICOSE VEINS OF UNSP LOWER EXTREMITY W PAIN	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNT VEIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.091D	INJ MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.131E	DISP FX OF MED CONDYLE OF R TIBIA, 7THE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	

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ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M62.452	CONTRACTURE OF MUSCLE, LEFT THIGH	27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
FEP	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3312	TYPE 2 DIAB W MOD NONP RTNOP W MACU EDEMA L EYE	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33427	VLVP MITRAL VALVE W/BYPASS RAD RCN-STJ W/WO RING	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	
ASEPSE	Outpatient	S33.6XXA	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M66.242	SPN RUPTURE OF EXTENSOR TENDONS LEFT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S92.341K	DSP FX OF 4TH METAR BN R FT SB FOR FX W NONUNION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I71.03	DISSECTION OF THORACOABDOMINAL AORTA	75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I71.03	DISSECTION OF THORACOABDOMINAL AORTA	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	

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BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	
ABCBS	Inpatient	Q22.5	EBSTEIN'S ANOMALY	33202	INSERTION EPICARDIAL ELECTRODE OPEN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
FEP	Outpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	11970	REPLACEMENT TISSUE EXPANDER W/ PERMANENT IMPLANT	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	G4033	Skilled nursing facility ss	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	L03.312	CELLULITIS OF BACK [ANY PART EXCEPT BUTTOCK]	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI-TIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	

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ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	K85.81	OTHER ACUTE PANCREATITIS W UNINFECTED NECROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I69.951	HEMIPLGA FOL UNSP CEREBVASC DIS AFF R DOM SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C34.10	MALIG NEOPLASM OF UPPER LOBE UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M12.562	TRAUMATIC ARTHROPATHY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
HA	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ABCBS	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REJV TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	G6017	Intrafraction track motion	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	S86.011D	STRAIN OF RIGHT ACHILLES TENDON SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	Approved	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Approved	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
BAAA	Inpatient	S32.018A	OTH FX FIRST LUMBAR VERTEBRA INIT FOR CLOS FX	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	G0283	Elec stim other than wound	Partially Denied	
EXCHNG	Inpatient	R74.01	ELEVATION OF LEVELS OF LIVER TRANSAMINASE LEVELS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43334	RPR PARAESOPH HIATAL HERNIA W/ THORCOM W/O MESH	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	Approved	
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Inpatient	D57.01	HB-SS DISEASE WITH ACUTE CHEST SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q79.60	EHLERS-DANLOS SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	S72.91XA	UNSP FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	Approved	Administrative Approval
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	T86.91	UNSPECIFIED TXPLT ORGAN AND TISSUE REJECTION	J9047	Injection, carfilzomib, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
BAAA	Inpatient	S31.000A	UNSP OPN WND LO BACK&PELV W/O PEN RETPERTNM INI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	H02.401	UNSPECIFIED PTOSIS OF RIGHT EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
FEP	Inpatient	M25.552	PAIN IN LEFT HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q82.0	HEREDITARY LYMPHEDEMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.89	OTHER DORSALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	Approved	
EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	Approved	
EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	J0585	Injection, onabotulinumtoxina	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0257	Glassia injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
BAAA	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	Q5122	Inj, nyvepria	Approved	
BAAA	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	J9223	Inj. lurbinectedin, 0.1 mg	Approved	
ASEPSE	Outpatient	G57.03	LESION OF SCIATIC NERVE, BILATERAL LOWER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	S9129	Occupational therapy, in the	Approved	
ASEPSE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1569	Gammagard liquid injection	Denied	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F41.9	ANXIETY DISORDER, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	T84.194A	MECH COMPL OF INT FIX DEVICE OF RIGHT FEMUR INIT	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	R06.83	SNORING	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	T25.221A	BURN OF SECOND DEGREE OF RIGHT FOOT INITIAL ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G51.0	BELL'S PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	S9131	Pt in the home per diem	Denied	
BAAA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0597	C-1 esterase, berinert	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	
SKAI_BLUE	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Approved	
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S49.91XA	UNSP INJURY OF RIGHT SHOULDER AND UPPER ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
HA	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Inpatient	D01.7	CA IN SITU OF OTHER SPECIFIED DIGESTIVE ORGANS	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	D47.2	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G379	DEMYELINATING DIS OF CENTRAL NERVOUS SYSTEM USP	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Inpatient	Z93.0	TRACHEOSTOMY STATUS	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z93.0	TRACHEOSTOMY STATUS	31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z93.0	TRACHEOSTOMY STATUS	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M20.11	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Denied	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.841A	DISPLACED BIML FRACTURE RIGHT LOWER LEG INIT	97039	UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	Partially Denied	

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ASEPSE	Outpatient	S82.841A	DISPLACED BIML FRACTURE RIGHT LOWER LEG INIT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S82.841A	DISPLACED BIML FRACTURE RIGHT LOWER LEG INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Inpatient	I21.21	STEMI INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I69.951	HEMIPLGA FOL UNSP CEREBVASC DIS AFF R DOM SIDE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I69.951	HEMIPLGA FOL UNSP CEREBVASC DIS AFF R DOM SIDE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J3247	Inj secukinumab intrav 1mg	Approved	
ASEPSE	Outpatient	N81.4	UTEROVAGINAL PROLAPSE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S72.142A	DISPLACED INTROCH FRACTURE OF LEFT FEMUR INIT	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D49.2	NEOP OF UNSP BEHAV OF BONE SOFT TISSUE AND SKIN	J9331	Inj sirolimus prot part 1 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K5721	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	K5721	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	G0300	Hhs/hospice of lpn ea 15 min	Approved	
SKAI_BLUE	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z87.81	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	Z87.81	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	30400	RHINP PRIM LAT&ALAR CRTLG&/ELVTN NASAL TI	Approved	
HA	Inpatient	O14.90	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
FEP	Inpatient	Q06.8	OTHER SPECIFIED CONG MALFORM OF SPINAL CORD	63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Outpatient	E04.1	NONTOXIC SINGLE THYROID NODULE	76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S39.012D	STRAIN MUSCLE FSC AND TENDON OF LOWER BACK SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	Q35.3	CLEFT SOFT PALATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM- PRN CERVICAL 1 SEG	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	Approved	
SKAI_BLUE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
SKAI_BLUE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	Q5110	Nivestym	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	I27.82	CHRONIC PULMONARY EMBOLISM	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I27.82	CHRONIC PULMONARY EMBOLISM	99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	I27.82	CHRONIC PULMONARY EMBOLISM	99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	Approved	
ASEPSE	Outpatient	I27.82	CHRONIC PULMONARY EMBOLISM	99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	I27.82	CHRONIC PULMONARY EMBOLISM	99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	Q5118	Inj., zirabev, 10 mg	Approved	
ABCBS	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33031	PRICARDIECTOMY STOT/COMPL W/ CARDPULM BYPASS	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	20680	REMOVAL IMPLANT DEEP	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0588	Incobotulinumtoxin a	Approved	
BAAA	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	Approved	
BAAA	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I42.2	OTHER HYPERTROPHIC CARDIOMYOPATHY	93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	Approved	
SKAI_BLUE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	S42.292D	OT DSP FX OF UP END L HMRS SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5110	Nivestym	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I71.20	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE, UNSP	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	A88.1	EPIDEMIC VERTIGO	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D64.81	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	B4155	Ef incomplete/modular	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	S9342	Hit enteral pump diem	Approved	
ASEPSE	Outpatient	K31.84	GASTROPARESIS	B4153	Ef hydrolyzed/amino acids	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	M20.21	HALLUX RIGIDUS, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Outpatient	F51.01	PRIMARY INSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Outpatient	S82.301D	USP FX LO END OF R TIB SB FOR CLS FX W ROUT HEAL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	S82.831D	OT FX UP&LO END R FIBULA SB FOR CLS FX ROUT HEAL	S9131	Pt in the home per diem	Approved	
FEP	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
FEP	Outpatient	H90.41	SNSRNRL HEAR L UNI R EAR W UNRES HEAR CNTRA SIDE	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	
SKAI_BLUE	Inpatient	T50.901A	POISONING BY UNSP DRUG/MEDS/BIOLOG SUBST ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELOPATHY/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELOPATHY/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOLOG DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	Q5006	Hospice in hospice facility	Approved	
MEDICAREADV	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	D34	BENIGN NEOPLASM OF THYROID GLAND	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
BAAA	Medical Benefit Drug	C16.0	MALIGNANT NEOPLASM OF CARDIA	J9276	Inj zanidatamab-hrii, 2 mg	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection, onabotulinumtoxin A	Approved	
OCTAVE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	S93.492A	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	C34.11	MALIGNANT NEOPLASM OF UPPER LOBE RIGHT BRONCH OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32100	THORACOTOMY WITH EXPLORATION	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	F10.29	ALCOHOL DEPEND WITH USP ALCOHOL-INDUCED DISORDER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	42890	LIMITED PHARYNGECTOMY	Approved	
BAAA	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
BAAA	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
BAAA	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	42842	RADICAL RESECTION TONSIL W/O CLOSURE	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Outpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ARSTATEPOLICE	Outpatient	R47.01	APHASIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M1A.09X1	IDIO CHRONIC GOUT MULTIPLE SITES WITH TOPHUS	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	S41.151A	OPEN BITE OF RIGHT UPPER ARM, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	S41.151A	OPEN BITE OF RIGHT UPPER ARM, INITIAL ENCOUNTER	97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Denied	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	Denied	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42145	PALATOPHARYNGOPLASTY	Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0486	Oral device/appliance cusfab	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N81.6	RECTOCELE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	43611	EXC LOCAL MALIGNANT TUMOR STOM-ACH	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	47380	ABLJT OPN 1/> LVR TUM RF	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	Approved	Administrative Approval
FEP	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	47100	BIOPSY LIVER WEDGE	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9208	Ifosfamide injection	Approved	Administrative Approval
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9181	Etoposide injection	Approved	Administrative Approval
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9209	Mesna injection	Approved	Administrative Approval
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J1453	Fosaprepitant injection	Approved	Administrative Approval
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9260	Inj methotrexate sodium 50mg	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H02.401	UNSPECIFIED PTOSIS OF RIGHT EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M23.303	OTH MENISCUS DERANG UNSP MED MENISCUS RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
OCTAVE	Medical Benefit Drug	F98.21	RUMINATION DISORDER OF INFANCY AND CHILDHOOD	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	C34.32	MALIG NEOPLASM OF LOWER LOBE LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	C34.32	MALIG NEOPLASM OF LOWER LOBE LEFT BRONC OR LUNG	64420	INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	Approved	
SKAI_BLUE	Inpatient	C34.32	MALIG NEOPLASM OF LOWER LOBE LEFT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Inpatient	M25.561	PAIN IN RIGHT KNEE	27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Approved	
MEDICAREADV	Inpatient	M25.561	PAIN IN RIGHT KNEE	64447	INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	Approved	
MEDICAREADV	Inpatient	M25.561	PAIN IN RIGHT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
MEDICAREADV	Inpatient	M25.561	PAIN IN RIGHT KNEE	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	I78.0	HEREDITARY HEMORRHAGIC TELANGIECTASIA	J2353	Octreotide injection, depot	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
HA	Outpatient	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S43.52XD	SPRAIN OF LEFT ACROMIOCLAV JOINT SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	33025	CRTJ PERICARDIAL WINDOW/PRTL RESECEJ W/DRG/BX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Approved	
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMEN NONC SINUS	Approved	Administrative Approval
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	Administrative Approval
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	Approved	Administrative Approval
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	Administrative Approval
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	A6550	Neg pres wound ther drsg set	Partially Denied	
ASEPSE	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	E2402	Neg press wound therapy pump	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	

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SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N80.519	ENDOMETRIOSIS OF THE RECTUM, UNSPECIFIED DEPTH	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
SKAI_BLUE	Inpatient	K59.00	CONSTIPATION, UNSPECIFIED	91122	ANORECTAL MANOMETRY	Approved	
SKAI_BLUE	Inpatient	K59.00	CONSTIPATION, UNSPECIFIED	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Approved	
SKAI_BLUE	Inpatient	K59.00	CONSTIPATION, UNSPECIFIED	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
SKAI_BLUE	Inpatient	K59.00	CONSTIPATION, UNSPECIFIED	91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5256	Hearing aid, digit, mon, ite	Approved	
SKAI_BLUE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9123	Nursing care in home rn	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	

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EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32650	THORACOSCOPY W/PLEURODESIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	28805	AMPUTATION FOOT TRANSMETARSAL	Approved	
SKAI_BLUE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	
EXCHNG	Inpatient	S22.22XA	FX BODY OF STERNUM INIT FOR CLOSED FX	21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	B20	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	B20	IMAGING, HEART, PLAIN RADIOGRAPHY	J0741	Inj, cabote rilpivir 2mg 3mg	Approved	
EXCHNG	Medical Benefit Drug	B20	IMAGING, HEART, PLAIN RADIOGRAPHY	S9500	Hit antibiotic q24h diem	Approved	
EXCHNG	Medical Benefit Drug	B20	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	J0741	Inj, cabote rilpivir 2mg 3mg	Approved	
EXCHNG	Medical Benefit Drug	B20	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	S9500	Hit antibiotic q24h diem	Approved	
EXCHNG	Medical Benefit Drug	B20	IMAGING, HEART, PLAIN RADIOGRAPHY	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	R35.0	FREQUENCY OF MICTURITION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G62.0	DRUG-INDUCED POLYNEUROPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	R65.21	SEVERE SEPSIS WITH SEPTIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.462	EFFUSION, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	S42.201D	UNSP FX UP END OF R HMRS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.311	OTHER INSTABILITY, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

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MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0177	Inj, aflibercept hd, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J1437	Inj. fe derisomaltose 10 mg	Approved	
BAAA	Inpatient	E87.5	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	C7A.095	MALIGNANT CARCINOID TUMOR OF MIDGUT UNSPECIFIED	J1932	Inj, lanreotide, (cipla) 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C7A.095	MALIGNANT CARCINOID TUMOR OF MIDGUT UNSPECIFIED	J1930	Lanreotide injection	Approved	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4152	Ef calorie dense>/=1.5kcal	Approved	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4034	Enter feed supkit syr by day	Approved	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4087	Gastro/jejuno tube, std	Approved	
MEDICAREADV	Inpatient	T84.039A	MECH LOOSENING OF UNSP INT PROSTH JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
FEP	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	
OCTAVE	Outpatient	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	
OCTAVE	Outpatient	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	
OCTAVE	Outpatient	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M95.8	OTH ACQ DEFORMITIES OF MUSCULO-SKELETAL SYSTEM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
FEP	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria

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FEP	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
FEP	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	
BAAA	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58958	RESCJ RECR OVR TBL PP UTR MAL OM-NTC PEL LMPHADEC	Approved	
BAAA	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M20.012	MALLET FINGER OF LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ABCBS	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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SKAI_BLUE	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ARSTATEPOLICE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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HA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5122	Inj, nyvepria	Approved	
ASEPSE	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4036	Enteral feed sup kit grav by	Approved	
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4152	Ef calorie dense>/=1.5kcal	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	T84.038D	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	G0283	Elec stim other than wound	Partially Denied	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3312	TYPE 2 DIAB W MOD NONP RTNOP W MACU EDEMA L EYE	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Inpatient	H53.2	DIPLOPIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Inpatient	T85.09XA	MECH COMPL OF VENTRICULAR INTCR SHUNT INIT	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T81.30XD	DISRUPTION OF WOUND USP SUBSEQUENT ENCOUNTER	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	

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SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J9263	Oxaliplatin	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J0640	Leucovorin calcium injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J2469	Palonosetron hcl	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	J9190	Fluorouracil injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5107	Inj mvasi 10 mg	Approved	
MEDICAREADV	Outpatient	I87.323	CHRONIC VENOUS HTN W INF OF BILATERAL LOW EXTRM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNTNT VEIN	Approved	
ASEPSE	Outpatient	S42.232D	3-PRT FX SURG NK OF L HMRS SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
FEP	Outpatient	D64.9	ANEMIA, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
FEP	Outpatient	D64.9	ANEMIA, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	
SKAI_BLUE	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/O RMVL TUBE OVARY	Approved	
ASEPSE	Inpatient	I71.20	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE, UNSP	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R47.81	SLURRED SPEECH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9209	Mesna injection	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J1453	Fosaprepitant injection	Approved	

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EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	
ASEPSE	Outpatient	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G35	MULTIPLE SCLEROSIS	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIET- IC CELLS PER DONOR	Denied	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89254	OOCYTE ID FROM FOLLICULAR FLU	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	82670	ASSAY OF TOTAL ESTRADIOL	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89280	ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89250	CUL OOCYTE/EMBRYO <4 DAYS	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89255	PREPJ EMBRYO TR	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89342	STORAGE PER YEAR EMBRYO	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	76830	US TRANSVAGINAL	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	83001	GONADOTROPIN FOLLICLE STIMULAT- ING HORMONE	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	83002	GONADOTROPIN LUTEINIZING HOR- MONE	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89268	INSEMINATION OOCYTES	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	76948	US GUIDANCE ASPIRATION OVA IMG S&I	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89258	CRYOPRSRV EMBRYO	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	58340	CATH & SALINE/CONTRAST SONOHYS- TER/HYSTEROSALPI	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	58970	FOLLICLE PUNCTURE OOCYTE RETRIEV- AL ANY METHOD	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	58974	EMBRYO TRANSFER INTRAUTERINE	Approved	
EXCHNG	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	84144	ASSAY OF PROGESTERONE	Approved	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	C71.6	MALIGNANT NEOPLASM OF CEREBELLUM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	49083	ABDOM PARACENTESIS DX/THER W/ IMAGING GUIDANCE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	J38.6	STENOSIS OF LARYNX	31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	Approved	
SKAI_BLUE	Inpatient	M15.4	EROSIVE (OSTEO)ARTHRITIS	21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ARSTATEPOLICE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.64XA	NONDISP FX OF LAT MALLEOLUS OF RIGHT FIBULA INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	N979	FEMALE INFERTILITY, UNSPECIFIED	89255	PREPJ EMBRYO TR	Approved	
SKAI_BLUE	Outpatient	N979	FEMALE INFERTILITY, UNSPECIFIED	58974	EMBRYO TRANSFER INTRAUTERINE	Approved	
SKAI_BLUE	Outpatient	N979	FEMALE INFERTILITY, UNSPECIFIED	89352	THAWING CRYOPRESERVED EMBRYO	Approved	
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C83.18	MANTLE CELL LYMPH LYMPH NODES OF MULTIPLE SITES	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	

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ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULIN-EMIA	J1561	Gamunex-c/gammaked	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M21.542	ACQUIRED CLUBFOOT, LEFT FOOT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
BAAA	Outpatient	E87.6	HYPOKALEMIA	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M67.449	GANGLION, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.23	LESION OF ULNAR NERVE, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0129	Abatacept injection	Approved	
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
MEDICAREADV	Inpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Medical Benefit Drug	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	J9029	Instill adstiladrin, tx dose	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	S9131	Pt in the home per diem	Approved	
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	J9217	Leuprolide acetate suspnsion	Denied	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	
BAAA	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	51980	CUTANEOUS VESICOSTOMY	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

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ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Denied	
SKAI_BLUE	Inpatient	K55.019	ACUTE ISCHEMIA OF SMALL INTESTINE EXTENT UNSP	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
MEDICAREADV	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	S9359	Hit anti-tnf per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	52332	CYSTO W/INSERT URETERAL STENT	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44141	COLECTOMY PRTL W/SKIN LEVEL CE-COST/COLOSTOMY	Approved	
SKAI_BLUE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	E61.1	IRON DEFICIENCY	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
HA	Outpatient	G10	HUNTINGTON'S DISEASE	S9126	Hospice care, in the home, p	Approved	

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	K0861	Pwc gp3 std mult pow opt s/b	Approved	
FEP	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSA-CR INTVRT DISC DIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	Q5103	Injection, inflectra	Approved	
EXCHNG	Inpatient	S21.301A	USP OPN WND R FRNT WL OF THRX W PENTHOR CAV INI	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
EXCHNG	Inpatient	S21.301A	USP OPN WND R FRNT WL OF THRX W PENTHOR CAV INI	21627	STERNAL DEBRIDEMENT	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
MEDICAREADV	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
MEDICAREADV	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
MEDICAREADV	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	

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SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	
SKAI_BLUE	Inpatient	M53.2X1	SPINAL INSTABILITIES OCCIPITO-ATLAN-TO-AXIAL RG	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	
FEP	Outpatient	S83.232D	CMPLEX TEAR OF MEDIAL MENS CRNT INJ L KNEE SUBS	29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	Approved	
FEP	Outpatient	S83.232D	CMPLEX TEAR OF MEDIAL MENS CRNT INJ L KNEE SUBS	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43334	RPR PARAESOPH HIATAL HERNIA W/ THORCOM W/O MESH	Approved	
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	S2900	Robotic surgical system	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	D18.02	HEMANGIOMA OF INTRACRANIAL STRUCTURES	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D18.02	HEMANGIOMA OF INTRACRANIAL STRUCTURES	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	S9131	Pt in the home per diem	Denied	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5140	Behind ear binaur hearing ai	Approved	
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	N63.20	UNSP LUMP IN THE LEFT BREAST UNSP QUADRANT	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	Approved	
BAAA	Inpatient	C72.0	MALIGNANT NEOPLASM OF SPINAL CORD	63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	Approved	
BAAA	Inpatient	C72.0	MALIGNANT NEOPLASM OF SPINAL CORD	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	
BAAA	Inpatient	C72.0	MALIGNANT NEOPLASM OF SPINAL CORD	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	C72.0	MALIGNANT NEOPLASM OF SPINAL CORD	63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J3247	Inj secukinumab intrav 1mg	Approved	
FEP	Inpatient	S83.232D	CMPLEX TEAR OF MEDIAL MENS CRNT INJ L KNEE SUBS	29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	Partially Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	S83.232D	CMPLEX TEAR OF MEDIAL MENS CRNT INJ L KNEE SUBS	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	G96.191	PERINEURAL CYST	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S80.02XD	CONTUSION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
BAAA	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection, onabotulinumtoxin A	Approved	
SKAI_BLUE	Inpatient	D05.02	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	21600	EXCISION RIB PARTIAL	Approved	
SKAI_BLUE	Inpatient	D05.02	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	Approved	
SKAI_BLUE	Inpatient	D05.02	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	S2068	Breast diep or siea flap	Approved	
BAAA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
BAAA	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	
ASEPSE	Outpatient	S43.014D	ANTERIOR DLOC OF RIGHT HUMERUS SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
SKAI_BLUE	Inpatient	I77.0	ARTERIOVENOUS FISTULA, ACQUIRED	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	L03.818	CELLULITIS OF OTHER SITES	G0157	Hhc pt assistant ea 15	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
BAAA	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ASEPSE	Outpatient	S76.312D	STR MSL/FSC/TND POST GRP AT THI LEV L THI SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.551A	OTH EXTART FX LOWER END OF RIGHT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	M24.549	CONTRACTURE, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	S0080	Injection, pentamidine iseth	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Approved	
ASEPSE	Outpatient	S39.012D	STRAIN MUSCLE FSC AND TENDON OF LOWER BACK SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
MEDICAREADV	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	
BAAA	Inpatient	Q379	USP CLEFT PALATE WITH UNILATERAL CLEFT LIP	42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	Approved	
BAAA	Inpatient	Q379	USP CLEFT PALATE WITH UNILATERAL CLEFT LIP	15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	Approved	
BAAA	Inpatient	Q379	USP CLEFT PALATE WITH UNILATERAL CLEFT LIP	14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Approved	
BAAA	Inpatient	Q379	USP CLEFT PALATE WITH UNILATERAL CLEFT LIP	42260	REPAIR NASOLABIAL FISTULA	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H30.113	DISSEM CHORIORETIN INF OF POSTERIOR POLE BI	J7312	Dexamethasone intra implant	Approved	
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	E0748	Elec osteogen stim spinal	Denied	
SKAI_BLUE	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
SKAI_BLUE	Inpatient	I65.22	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
HA	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Medical Benefit Drug	C82.19	FOLICU LYMPH GRADE II EXTRNOD AND SOLID ORG SITE	Q5119	Inj ruxience, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.395D	DLOC OF OTH PRT LEFT SHOULDER GIRDLE SUBS ENCNR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S33.6XXA	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Outpatient	D75.81	MYELOFIBROSIS	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R07.89	OTHER CHEST PAIN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	R07.89	OTHER CHEST PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	J45.902	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3511	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA R EYE	J0178	Aflibercept injection	Approved	
ASEPSE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N48.21	ABSCESS OF CORPUS CAVERNOSUM AND PENIS	55120	REMOVAL FOREIGN BODY SCROTUM	Approved	
BAAA	Inpatient	N48.21	ABSCESS OF CORPUS CAVERNOSUM AND PENIS	54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	Approved	
BAAA	Inpatient	N48.21	ABSCESS OF CORPUS CAVERNOSUM AND PENIS	54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	Approved	
BAAA	Inpatient	I47.10	SUPRAVENTRICULAR TACHYCARDIA, UNSPECIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	R15.9	FULL INCONTINENCE OF FECES	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	
EXCHNG	Inpatient	R15.9	FULL INCONTINENCE OF FECES	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	
ASEPSE	Outpatient	T84.032D	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT SUBS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
MEDICAREADV	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G30.0	ALZHEIMER'S DISEASE WITH EARLY ONSET	J0175	Inj, donanemab-azbt, 2 mg	Approved	
HA	Medical Benefit Drug	D89.89	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	E74.02	POMPE DISEASE	S9131	Pt in the home per diem	Approved	
EXCHNG	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
OCTAVE	Inpatient	S82.891A	OTH FRACTURE OF RIGHT LOWER LEG INIT FOR CLOS FX	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
HA	Medical Benefit Drug	R51.9	HEADACHE, UNSPECIFIED	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	R51.9	HEADACHE, UNSPECIFIED	J0585	Injection, onabotulinumtoxinA	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.34	IDIO SLEEP REL NONOBSTR ALVEOLAR HYPOVENTILATION	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATND	Denied	
ABCBS	Inpatient	K80.01	CALCULUS OF GALLBLADDER W ACUTE CHOLECYST W OBST	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	F10.929	ALCOHOL USE UNSPECIFIED WITH INTOX UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M35.02	SJOGREN SYNDROME WITH LUNG INVOLVEMENT	J2919	Inj, methylpred sod succ 5mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M35.02	SJOGREN SYNDROME WITH LUNG INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.671	STIFFNESS OF RIGHT ANKLE NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	L97.524	NON-PRS CHR ULC OTH PRT LEFT FOOT W NECROS OF BN	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
ASEPSE	Outpatient	M18.11	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT R HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R63.32	PEDIATRIC FEEDING DISORDER, CHRONIC	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	

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ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	J9334	Inj efgart-alfa 2mg hya-qvfc	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z87.898	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Approved	
ABCBS	Inpatient	K35.32	AC APPENDICITIS PERF LOC PERITON/ GANGR W/O ABSCS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.212	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD L LEG	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	U09.9	POST COVID-19 CONDITION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	F32.2	MAJ DEPRESSV DISORD SING EPSD SEV W/O PSYCH FEAT	90792	PSYCHIATRIC DIAGNOSTIC EVAL W/ MEDICAL SERVICES	Denied	Administrative: Not a Covered Benefit
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N92.6	IRREGULAR MENSTRUATION, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	

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BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	
BAAA	Inpatient	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Approved	
ARSTATEPOLICE	Outpatient	R29.6	REPEATED FALLS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.011	MIGRAINE WITHOUT AURA INTRACT WITH STATUS MIGR	J3032	Inj, eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	
FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	
FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	
FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Partially Denied	
FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	
FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	

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FEP	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63035	LAMNOTMY W/DCMPSRN NRV EACH ADDL CRVCL/LMBR	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPSRN NRV ROOT 1 INTRSPC LUMBR	Approved	
HA	Inpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	Approved	
OCTAVE	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	Approved	
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	C83.38	DIFSE LG B-CELL LYMPH LYMPH NODES OF MLT SITES	J3262	Tocilizumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C25.4	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	J1930	Lanreotide injection	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	M12.552	TRAUMATIC ARTHROPATHY, LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M00.869	ARTHRITIS DUE TO OTHER BACTERIA UNSPECIFIED KNEE	29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	Approved	
SKAI_BLUE	Inpatient	M00.869	ARTHRITIS DUE TO OTHER BACTERIA UNSPECIFIED KNEE	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	Approved	
ASEPSE	Outpatient	M67.874	OTHER SPECIFIED DISORD OF TND LEFT ANKL AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	N05.2	UNSP NEPH SYND W DIFFUSE MEMBRANOUS GLOMRLNEPH	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
BAAA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
BAAA	Inpatient	L02.91	CUTANEOUS ABSCESS, UNSPECIFIED	56405	I&D VULVA/PERINEAL ABSCESS	Approved	
ASEPSE	Outpatient	E64.0	SEQUELAE OF PROTEIN-CALORIE MALNUTRITION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	S83.8X2A	SPRAIN OF OTH SPECIFIED PARTS OF LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S12.000D	USP DSP FX OF 1ST CRV VERT SB FOR FX W ROUT HEAL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

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ASEPSE	Outpatient	S12.000D	USP DSP FX OF 1ST CRV VERT SB FOR FX W ROUT HEAL	S9131	Pt in the home per diem	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64490	NJX DX/THER AGT PVRT FACET JT CRV/ THRC 1 LEVEL	Approved	
SKAI_BLUE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64491	NJX DX/THER AGT PVRT FACET JT CRV/ THRC 2ND LEVEL	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61867	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD 1ST ARRAY	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	C1778	Lead, neurostimulator	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	C1767	Generator, neuro non-recharg	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	C1820	Generator neuro rechg bat sy	Approved	

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ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S52.122A	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	52005	CYSTO BLADDER W/URETERAL CATHE- TERIZATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	Q5119	Inj ruxience, 10 mg	Approved	
BAAA	Inpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	23474	REVIS SHOULDER ARTHRPLSTY HUMER- AL&GLENOID COMPNT	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Administrative Approval
EXCHNG	Outpatient	K72.90	HEPATIC FAILURE, UNSPECIFIED WITH- OUT COMA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
SKAI_BLUE	Outpatient	Z80.41	FAMILY HISTORY OF MALIGNANT NEO- PLASM OF OVARY	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MEN- TION FLUCTUATION	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	

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ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.10	MYALGIA, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	95992	CANALITH REPOSITIONING PROCEDURE	Approved	
FEP	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	Approved	
FEP	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	Approved	
FEP	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	29806	SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	Approved	
ASEPSE	Outpatient	J34.8212	EXTERNAL NASAL VALVE COLLAPSE, DYNAMIC	30450	RHINOPLASTY SECONDARY MAJOR REVISION	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6002	Stereoscopic x-ray guidance	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	E83.52	HYPERCALCEMIA	J3489	Zoledronic acid 1mg	Approved	

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ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.3	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I49.5	SICK SINUS SYNDROME	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
FEP	Outpatient	G47.39	OTHER SLEEP APNEA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
MEDICAREADV	Pharmacy Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1459	Inj ivig privigen 500 mg	Approved	
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NE-PHRECTOMY	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O42.919	PRETRM PREM ROM USP TIME BT RUP&ONST LAB USP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S83.014D	LATERAL DLOC OF RIGHT PATELLA SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	64421	INJECTION AA&STRD INTERCOSTAL NRV EA ADDL LVL	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.001A	USP SUBLUX OF RIGHT PATELLA INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5119	Inj ruxience, 10 mg	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J2405	Ondansetron hcl injection	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9370	Vincristine sulfate 1 mg inj	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J1201	Inj. cetirizine hcl 0.5mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9260	Inj methotrexate sodium 50mg	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9000	Doxorubicin hcl injection	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9181	Etoposide injection	Approved	
BAAA	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
SKAI_BLUE	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERO CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	
SKAI_BLUE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G93.5	COMPRESSION OF BRAIN	G0283	Elec stim other than wound	Partially Denied	

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ASEPSE	Outpatient	G93.5	COMPRESSION OF BRAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
OCTAVE	Inpatient	N80.03	ADENOMYOSIS OF THE UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Medical Benefit Drug	D59.30	HEMOLYTIC-UREMIC SYNDROME, UNSPECIFIED	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	R32	UNSPECIFIED URINARY INCONTINENCE	52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	Approved	
BAAA	Medical Benefit Drug	R32	UNSPECIFIED URINARY INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	R32	UNSPECIFIED URINARY INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	G0283	Elec stim other than wound	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
OCTAVE	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
FEP	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C91.90	LYMPHOID LEUKEMIA USP NOT HAVING ACHIEVED REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	
SKAI_BLUE	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59514	CESAREAN DELIVERY ONLY	Approved	
MEDICAREADV	Outpatient	C84.41	PRPH T-CELL LYMPHOMA, NEC, NODES OF HEAD FACE&NK	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
MEDICAREADV	Outpatient	C84.41	PRPH T-CELL LYMPHOMA, NEC, NODES OF HEAD FACE&NK	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R279	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S82.52XP	DISP FX OF MED MALLEOLUS OF L TIBIA, 7THP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	T88.9XXA	COMPL OF SURGICAL AND MEDICAL CARE UNSP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	G6015	Radiation tx delivery imrt	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	S46.112A	STR MUSC/FSC/TEND LONG HEAD OF BICEP L ARM INI	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S46.112A	STR MUSC/FSC/TEND LONG HEAD OF BICEP L ARM INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	14301	ADJUNT IS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	O04.80	TERMINATION OF PREGNANCY WITH UNSP COMPLICATIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S86.811D	STR MUSC/TEND AT LOWER LEG LEVEL RIGHT LEG SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiyy, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M18.9	OSTEOARTH OF FIRST CARPOMETACARP JOINT USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S86.891A	INJ OTH MUSC/TEND AT LOW LEG LEV RIGHT LEG INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F98.3	PICA OF INFANCY AND CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
BAAA	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	Q74.2	OTH CONGEN MALFORM OF LOWER LIMB INC PELV GIRDLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31255	NASAL/SINUS NDSC W/TOTAL ETHOID-ECTOMY	Approved	
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Approved	
SKAI_BLUE	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M53.9	DORSOPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M80.052D	AGE-REL OSTEOPOR W CRNT PATH FX, L FEMR, 7THD	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S63.639A	SPRAIN OF INTERPHALANGEAL JT OF UNSP FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	

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ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M24.152	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M24.152	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Inpatient	I21.19	STEMI INVOLVING OTH COR ARTERY OF INFERIOR WALL	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
ASEPSE	Inpatient	I21.19	STEMI INVOLVING OTH COR ARTERY OF INFERIOR WALL	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	Administrative Approval
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
BAAA	Medical Benefit Drug	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	Q5118	Inj., zirabev, 10 mg	Approved	

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SKAI_BLUE	Inpatient	N20.1	CALCULUS OF URETER	52332	CYSTO W/INSERT URETERAL STENT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	K25.3	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERF	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K25.3	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERF	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K25.3	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERF	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	Q06.8	OTHER SPECIFIED CONG MALFORM OF SPINAL CORD	63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	Approved	
SKAI_BLUE	Inpatient	Q06.8	OTHER SPECIFIED CONG MALFORM OF SPINAL CORD	63290	LAM BX/EXC ISPI NEO XDRLIDRL LES ANY LVL	Approved	
SKAI_BLUE	Inpatient	Q06.8	OTHER SPECIFIED CONG MALFORM OF SPINAL CORD	63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	N83.9	NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT USP	58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	Approved	
EXCHNG	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
OCTAVE	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	62223	CRTJ SHUNT VENTRICULO-PERIT-NEAL-PLURAL TERMINUS	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	M79.622	PAIN IN LEFT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	N26.1	ATROPHY OF KIDNEY (TERMINAL)	50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	Approved	
EXCHNG	Outpatient	C83.33	DIFFUSE LARGE B-CELL LYMPH INTRA-ABD LYMPH NODES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
SKAI_BLUE	Inpatient	T84.9XXA	UNSP COMP OF INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EKG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	

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HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ARSTATEPOLICE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
MEDICAREADV	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	

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ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	M20.11	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Approved	
ASEPSE	Outpatient	M20.11	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	L3000	Ft insert ucb berkeley shell	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I69.320	APHASIA FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ASEPSE	Outpatient	Z74.09	OTHER REDUCED MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z74.09	OTHER REDUCED MOBILITY	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S76.311D	STR MSL/FASC/TND POST GRP AT THI LEV R THI SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.02	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	J9039	Injection, blinatumomab	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.02	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.02	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	S9379	Hit noc per diem	Approved	
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval

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OCTAVE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	Denied	
MEDICAREADV	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	
BAAA	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Z90.49	ACQ ABCS OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
BAAA	Inpatient	Z90.49	ACQ ABCS OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49592	RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	

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BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M51.379	OT INTVRT DSC DEGEN LUMBSAC W/O LUM BK/LW XTR PN	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
OCTAVE	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S53.105A	UNSP DLOC OF LEFT ULNOHUMERAL JOINT INIT ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.72	PERONEAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	
EXCHNG	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2796	Romiplostim injection	Approved	

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EXCHNG	Inpatient	R53.1	WEAKNESS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N52.01	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFF	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
SKAI_BLUE	Inpatient	E04.2	NONTOXIC MULTINODULAR GOITER	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K56.7	ILEUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
SKAI_BLUE	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLECTOMY	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLECTOMY	44625	CLSR NTRSTM LG/SM RESCJ & ANASTOTH/THN CLRCT	Approved	
EXCHNG	Inpatient	V89.2XXA	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D39.12	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	

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EXCHNG	Inpatient	D39.12	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
BAAA	Medical Benefit Drug	R51.9	HEADACHE, UNSPECIFIED	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&OVARIES	Denied	
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	Approved	
BAAA	Inpatient	K76.89	OTHER SPECIFIED DISEASES OF LIVER	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	T84.093D	MECH COMPL OF INT LEFT KNEE PROSTH SUBS ENCNR	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
MEDICAREADV	Inpatient	T84.093D	MECH COMPL OF INT LEFT KNEE PROSTH SUBS ENCNR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
SKAI_BLUE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
SKAI_BLUE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	
SKAI_BLUE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
SKAI_BLUE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Approved	
SKAI_BLUE	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Approved	

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MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R51.9	HEADACHE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M84.434D	PTH FX LEFT RADIUS SUBS FOR FX W ROUNTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G37.3	ACTRANS MYELITIS IN DEMYELINATING DIS OF CNSL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M21.6X1	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Outpatient	H02.422	MYOGENIC PTOSIS OF LEFT EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
MEDICAREADV	Outpatient	H02.422	MYOGENIC PTOSIS OF LEFT EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	M47.814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M67.813	OTHER SPECIFIED DISORD OF TENDON RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M35.9	SYSTEMIC INVOLV OF CONNECTIVE TISSUE UNSPECIFIED	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	

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EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	S9379	Hit noc per diem	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Denied	
MEDICAREADV	Inpatient	M17.9	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	56501	DESTRUCTION LESIONS VULVA SIMPLE	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58558	HYSTEROSCOPY BX ENDOMETRIUM&/ POLYPC W/WO D&C	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	M48.03	SPINAL STENOSIS, CERVICOTHORACIC REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
BAAA	Inpatient	M48.03	SPINAL STENOSIS, CERVICOTHORACIC REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	M48.03	SPINAL STENOSIS, CERVICOTHORACIC REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
BAAA	Inpatient	M48.03	SPINAL STENOSIS, CERVICOTHORACIC REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Inpatient	M48.03	SPINAL STENOSIS, CERVICOTHORACIC REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
BAAA	Inpatient	M48.03	SPINAL STENOSIS, CERVICOTHORACIC REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	

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EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	Q25.45	DOUBLE AORTIC ARCH	33802	DIVISION ABERRANT VESSEL VASCULAR RING	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45110	PRCTECT COMPL CMBN ABDOMINO-PRNL W/CLST	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosuzumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
EXCHNG	Inpatient	S42.411K	DISPL SIMP SUPRCNDL FX W/O NTCND FX R HUMER 7THK	24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
MEDICAREADV	Outpatient	S32.030A	WEDGE COMPRSN FX THIRD LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	
ASEPSE	Outpatient	G37.3	AC TRANS MYELITIS IN DEMYELINATING DIS OF CNSL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M43.02	SPONDYLOLYSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G62.9	POLYNEUROPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	S83.231D	CMPLEX TEAR OF MEDIAL MENS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ARSTATEPOLICE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	C53.0	MALIGNANT NEOPLASM OF ENDOCERVIX	32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
OCTAVE	Inpatient	E83.42	HYPOMAGNESEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M25.512	PAIN IN LEFT SHOULDER	23035	INCISION BONE CORTEX SHOULDER AREA	Approved	
EXCHNG	Inpatient	M25.512	PAIN IN LEFT SHOULDER	20680	REMOVAL IMPLANT DEEP	Approved	
EXCHNG	Inpatient	M25.512	PAIN IN LEFT SHOULDER	23066	BIOPSY SOFT TISSUE SHOULDER DEEP	Approved	
BAAA	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	M06.812	OTHER SPECIFIED RHEU ARTHRITIS LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ABCBS	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M65.342	TRIGGER FINGER, LEFT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Approved	
MEDICAREADV	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
MEDICAREADV	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Approved	
ASEPSE	Outpatient	M76.71	PERONEAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
FEP	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	Approved	
FEP	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	Approved	
FEP	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	Approved	
FEP	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	Approved	
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	S72.032D	DSP MIDCERV FX L FEMUR SB FOR CLS FX W ROUT HEAL	27235	PRO SKEL FIXJ FEMORAL FX PROX END NECK	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	31622	BRNCHSC INCL FLUOR GDNCE DXW/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
BAAA	Medical Benefit Drug	C17.0	MALIGNANT NEOPLASM OF DUODENUM	J1930	Lanreotide injection	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	Approved	
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19370	REVISION PERI-IMPLANT CAPSULE BREAST	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	

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FEP	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	Approved	
ASEPSE	Outpatient	M76.71	PERONEAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.71	PERONEAL TENDINITIS, RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0174	Inj, lecanemab-irmb, 1 mg	Approved	
ASEPSE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Denied	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50400	PYELOPLASTY SIMPLE	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	51610	NJX RETROGRADE URETHROCSTOGRAPHY	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52356	CYSTO/URETERO W/LITHOTRIPSY & IN-DWELL STENT INSRT	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST&ECT RPBIC RAD W/ NRV SPARING ROBOT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3123	NEXDTVE AGE MCLR DEGN L EYE ADV ATRPC W/O SBFVL	J2782	Inj avacincaptad pegol 0.1mg	Approved	
ASEPSE	Inpatient	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43335	RPR PARAESOPH HIATAL HERNIA W/ THORCOM W/MESH	Approved	
ASEPSE	Outpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	Z87.39	PERSONAL HISTORY OF DIS OF MS SYS AND CONN TISS	Q5115	Inj truxima 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Inpatient	Q43.0	MECKEL'S DIVERTICULUM (DISPLACED) (HYPERTROPHIC)	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	

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ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Denied	
ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ARSTATEPOLICE	Outpatient	M79.605	PAIN IN LEFT LEG	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ABCBS	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ABCBS	Medical Benefit Drug	R25.2	CRAMP AND SPASM	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.20	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE, UNSP	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R26.81	UNSTEADINESS ON FEET	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58954	BSO W/OMENECTOMY TAH DEBULKING W/LMPHADECTOMY	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
BAAA	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
BAAA	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
ARSTATEPOLICE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ASEPSE	Outpatient	M76.72	PERONEAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K82.2	PERFORATION OF GALLBLADDER	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	K82.2	PERFORATION OF GALLBLADDER	G0151	Hhcop-serv of pt,ea 15 min	Approved	
ABCBS	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
EXCHNG	Inpatient	M26.01	MAXILLARY HYPERPLASIA	21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M26.01	MAXILLARY HYPERPLASIA	21120	GENIOPLASTY AUGMENTATION	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M26.01	MAXILLARY HYPERPLASIA	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19316	MASTOPEXY	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Approved	
SKAI_BLUE	Inpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
HA	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
MEDICAREADV	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
ASEPSE	Outpatient	S46.011A	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
FEP	Outpatient	C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	
ASEPSE	Outpatient	C43.61	MALIG MELANOMA OF RIGHT UPPER LIMB INC SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.401D	USP SPRAIN OF RIGHT SHOULDER JOINT SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
BAAA	Medical Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	G95.0	SYRINGOMYELIA AND SYRINGOBULBIA	62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	Approved	
SKAI_BLUE	Inpatient	G95.0	SYRINGOMYELIA AND SYRINGOBULBIA	61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	Approved	
SKAI_BLUE	Inpatient	G95.0	SYRINGOMYELIA AND SYRINGOBULBIA	63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	Approved	
ASEPSE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.311	OTHER INSTABILITY, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HYPROS COM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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MEDICAREADV	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36470	INJECTION SCLEROSANT SINGLE INC-MPTNT VEIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
BAAA	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	Approved	
BAAA	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	
ASEPSE	Inpatient	C7A.1	MAL POORLY DIFFERENTIATED NEURO-ENDOCRINE TUMORS	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M21.542	ACQUIRED CLUBFOOT, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S42.302A	UNSP FRACTURE OF SHAFT OF HUMER- US LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N25.9	DIS RSLT FROM IMPAIRED RENAL TUBU- LAR FUNCTN UNSP	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	E0748	Elec osteogen stim spinal	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	44208	LAPS COLECTMY PRTL W/COLOPXTST- MY LW ANAST W/CLST	Approved	
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
ASEPSE	Outpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORA- COLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.A22	SNSRNRL HEAR LS UNI L EAR W RSTRCD HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Outpatient	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	Approved	

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ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	S62.631A	DISP FX OF DISTAL PHLX OF LEFT INDEX FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K72.90	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Q5005	Hospice, inpatient hospital	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.101	MIGRAINE WITH AURA NOT INTRACT WITH STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	21025	EXCISION BONE MANDIBLE	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	Approved	
MEDICAREADV	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Inpatient	Q75.03	METOPIC CRANIOSYNOSTOSIS	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	Q75.03	METOPIC CRANIOSYNOSTOSIS	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q75.03	METOPIC CRANIOSYNOSTOSIS	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q75.03	METOPIC CRANIOSYNOSTOSIS	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	P92.3	UNDERFEEDING OF NEWBORN	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Inpatient	D44.4	NEOP OF UNCERTAIN BEHAV OF CRANIOPHARYNGEAL DUCT	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	
HA	Inpatient	D44.4	NEOP OF UNCERTAIN BEHAV OF CRANIOPHARYNGEAL DUCT	61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	Approved	
MEDICAREADV	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	B4162	Ef ped specmetabolic inherit	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	B4035	Enteral feed supp pump per d	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	Approved	
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	K1027	Oral dev without fix mech	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0486	Oral device/appliance cusfab	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	64568	OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8688	Implt nrostm pls gen dua non	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	C1767	Generator, neuro non-recharg	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	C1787	Patient progr, neurostim	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	C1778	Lead, neurostimulator	Approved	
ASEPSE	Outpatient	L02.212	CUTANEOUS ABSCESS OF BACK	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
ASEPSE	Outpatient	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Outpatient	Z85.46	PERSONAL HISTORY OF MALIG NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
EXCHNG	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	Approved	
FEP	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Outpatient	J32.8	OTHER CHRONIC SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
HA	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
HA	Inpatient	S51.851A	OPEN BITE OF RIGHT FOREARM, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	G0151	Hhpc-serv of pt,ea 15 min	Approved	
FEP	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
OCTAVE	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R20.0	ANESTHESIA OF SKIN	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	O36.8390	MAT CR FOR ABNLT FETL HRT RATE/ RHYM USP TRI USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9271	Inj pembrolizumab	Approved	
ASEPSE	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J0638	Canakinumab injection	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Inpatient	J93.83	OTHER PNEUMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z94.4	LIVER TRANSPLANT STATUS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	S43.432D	SUPER GLENOID LABRUM LESION OF L SHLD SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C34.32	MALIG NEOPLASM OF LOWER LOBE LEFT BRONC OR LUNG	Q5006	Hospice in hospice facility	Approved	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	G40.119	LOC-REL SYM EPI W SIM PRT SEZ NTRCT W/O STAT EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	T2045	Hospice general care	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S89.92XA	USP INJURY OF LEFT LOWER LEG INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Approved	
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	Approved	
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	Approved	
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	
HA	Inpatient	M25.562	PAIN IN LEFT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47600	CHOLECYSTECTOMY	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	Approved	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4087	Gastro/jejuno tube, std	Approved	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4152	Ef calorie dense>/=1.5kcal	Approved	
ASEPSE	Outpatient	K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	B4034	Enter feed supkit syr by day	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0257	Glassia injection	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Q85.1	TUBEROUS SCLEROSIS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q85.1	TUBEROUS SCLEROSIS	95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	57280	COLPOPEXY ABDOMINAL APPROACH	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	
SKAI_BLUE	Inpatient	N81.9	FEMALE GENITAL PROLAPSE, UNSPECIFIED	57260	CMBND ANTERPOST COLPORRAPHY W/ CYSTO	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
BAAA	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
BAAA	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
BAAA	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0586	Abobotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
SKAI_BLUE	Inpatient	T78.2XXA	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
HA	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	39220	RESECTION MEDIASTINAL TUMOR	Approved	
ASEPSE	Inpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	T84.69XA	INFECT/INFLM REAC DUE TO INT FIX OF SITE INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M53.3	SACROCCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Inpatient	S22.49XA	MULTIPLE FX OF RIBS UNSP SIDE INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	K61.0	ANAL ABSCESS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
EXCHNG	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	M12.551	TRAUMATIC ARTHROPATHY, RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
HA	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	N28.1	CYST OF KIDNEY, ACQUIRED	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	
MEDICAREADV	Inpatient	N28.1	CYST OF KIDNEY, ACQUIRED	50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	Approved	
ASEPSE	Outpatient	M25.462	EFFUSION, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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OCTAVE	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSYP	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9073	Inj cyclophos dr reddys 5 mg	Approved	
BAAA	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9171	Docetaxel injection	Approved	
BAAA	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	I71.03	DISSECTION OF THORACOABDOMINAL AORTA	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Approved	
EXCHNG	Inpatient	I71.03	DISSECTION OF THORACOABDOMINAL AORTA	75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	Approved	
ASEPSE	Inpatient	N20.1	CALCULUS OF URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
FEP	Inpatient	K95.89	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NRV SPARING ROBOT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C83.398	DIFFUSE LG B-CL LYMPH EXTRNOD/SOLID ORGAN SITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2327	Inj risankizumab-zaaa 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	G0283	Elec stim other than wound	Partially Denied	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	

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ASEPSE	Inpatient	H66.014	AC SUPPR OTS MDA W SPON RUPT EAR DRM RECUR R EAR	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Approved	Administrative Approval
ASEPSE	Inpatient	H66.014	AC SUPPR OTS MDA W SPON RUPT EAR DRM RECUR R EAR	69502	MASTOIDECTOMY COMPLETE	Approved	Administrative Approval
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Medical Benefit Drug	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	J1100	Dexamethasone sodium phos	Approved	
BAAA	Medical Benefit Drug	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	C85.20	MEDIASTNL LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	J1200	Diphenhydramine hcl injectio	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Medical Benefit Drug	R61	GENERALIZED HYPERHIDROSIS	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
HA	Medical Benefit Drug	R61	GENERALIZED HYPERHIDROSIS	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	M60.9	MYOSITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	S63.619D	USP SPRAIN OF USP FINGER SUBS ENCNTNTR	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.542	PAIN IN JOINTS OF LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	

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ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77470	SPECIAL TREATMENT PROCEDURE	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	P07.35	PRETERM NEWBORN GESTATNL AGE 32 COMPLETED WEEKS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
OCTAVE	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	H02.032	SENILE ENTROPION OF RIGHT LOWER EYELID	67924	REPAIR ENTROPION EXTENSIVE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
FEP	Outpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
HA	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	S52.571A	OTH INTARTIC FX LOWER END OF RIGHT RADIUS INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M24.152	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	P2P Denied
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
OCTAVE	Outpatient	K70.11	ALCOHOLIC HEPATITIS WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	K70.30	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	H0018	Alcohol and/or drug services	Denied	Administrative: Not a Covered Benefit

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	P92.9	FEEDING PROBLEM OF NEWBORN, UNSPECIFIED	B9998	Enteral supp not otherwise c	Partially Denied	
ASEPSE	Outpatient	P92.9	FEEDING PROBLEM OF NEWBORN, UNSPECIFIED	B4088	Gastro/jejuno tube, low-pro	Partially Denied	
ASEPSE	Outpatient	P92.9	FEEDING PROBLEM OF NEWBORN, UNSPECIFIED	B4158	Ef ped complete intact nut	Partially Denied	
ASEPSE	Outpatient	P92.9	FEEDING PROBLEM OF NEWBORN, UNSPECIFIED	B4035	Enteral feed supp pump per d	Partially Denied	
ASEPSE	Outpatient	P92.9	FEEDING PROBLEM OF NEWBORN, UNSPECIFIED	B9002	Enter nutr inf pump any type	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	C44.799	OTH MALIG NEOPLASM SKIN/LEFT LOWER LIMB INC HIP	H2001	Rehabilitation program 1/2 d	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Inpatient	Q89.9	CONGENITAL MALFORMATION, UNSPECIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
BAAA	Inpatient	Q89.9	CONGENITAL MALFORMATION, UNSPECIFIED	31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	Approved	
BAAA	Inpatient	Q89.9	CONGENITAL MALFORMATION, UNSPECIFIED	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M50.123	CERVICAL DISC DIS@C6-C7 LEVEL W RADICULOPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	O46.90	ANTEPARTUM HEMORRHAGE USP USP TRIMESTER	59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
ABCBS	Inpatient	S31.000D	UNSP OPN WND LO BACK&PELV W/O PEN RETPERTNM SUBS	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S31.000D	UNSP OPN WND LO BACK&PELV W/O PEN RETPERTNM SUBS	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S31.000D	UNSP OPN WND LO BACK&PELV W/O PEN RETPERTNM SUBS	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S31.000D	UNSP OPN WND LO BACK&PELV W/O PEN RETPERTNM SUBS	12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	S31.000D	UNSP OPN WND LO BACK&PELV W/O PEN RETPERTNM SUBS	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92520	LARYNGEAL FUNCTION STUDIES	Approved	
HA	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	

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FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Partially Denied	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431S	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.42	SNSRNRL HEAR L UNI L EAR W UNRES HEAR CNTRA SIDE	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.861	OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92520	LARYNGEAL FUNCTION STUDIES	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ABCBS	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	

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ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	O14.90	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
BAAA	Outpatient	Z80.0	FAMILY HISTORY OF MALIG NEOP OF DIGESTIVE ORGANS	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C49.A3	GI STROMAL TUMOR OF SMALL INTESTINE	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.A3	GI STROMAL TUMOR OF SMALL INTESTINE	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ARSTATEPOLICE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z96.612	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Partially Denied	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
BAAA	Medical Benefit Drug	C82.21	FOLICU LYMPH GRADE III USP NODES OF HEAD FACE&NK	J9056	Inj, vivimusta, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.21	FOLICU LYMPH GRADE III USP NODES OF HEAD FACE&NK	J2469	Palonosetron hcl	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.21	FOLICU LYMPH GRADE III USP NODES OF HEAD FACE&NK	Q5123	Inj. riabni, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M46.46	DISCITIS, UNSPECIFIED, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8688	Implt nrostm pls gen dua non	Approved	

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ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Approved	
BAAA	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Outpatient	M17.31	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	G62.9	POLYNEUROPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	43840	GASTRORRHAPHY SUTR PRF8 DUOL/ GSTR ULCER WND/INJ	Approved	
EXCHNG	Inpatient	K31.89	OTHER DISEASES OF STOMACH AND DUODENUM	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Medical Benefit Drug	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9373	Hit hydra total diem	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D69.59	OTHER SECONDARY THROMBOCYTOPENIA	J2802	Inj, romiplostim 1 microgram	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	F94.0	SELECTIVE MUTISM	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	J39.2	OTHER DISEASES OF PHARYNX	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	J39.2	OTHER DISEASES OF PHARYNX	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F40.10	SOCIAL PHOBIA, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ABCBS	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INTW UNSP COMP	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	S9131	Pt in the home per diem	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHROPLASTY OF KNEE, CONDYLE AND LATERAL COMPARTMENTS	Approved	
BAAA	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implant nasal positive airway pressure	Approved	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implant neurostimulator	Approved	
ASEPSE	Outpatient	M25.50	PAIN IN UNSPECIFIED JOINT	97032	APPLY MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.50	PAIN IN UNSPECIFIED JOINT	97110	THERAPEUTIC EXERCISES 1+ AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	76942	US GUIDANCE NEEDLE PLACEMENT IMAGING	Approved	
BAAA	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCOMPATIBLE VEINS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC EXERCISES 1+ AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.814	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY THORACIC	64634	DISTRIBUTE AGENT PARAVERTEBRAL FACT ADDITIONAL CRANIUM/THORAX	Approved	
MEDICAREADV	Outpatient	M47.814	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY THORACIC	64633	DISTRIBUTE AGENT PARAVERTEBRAL FACT SINGLE CRANIUM/THORAX	Approved	
ASEPSE	Outpatient	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	G0152	Hospice services of other, each 15 min	Approved	
ASEPSE	Outpatient	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	G0299	Hospice services of room each 15 min	Approved	
ASEPSE	Outpatient	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	G0151	Hospice services of patient, each 15 min	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE USE	92507	THERAPEUTIC SPEECH LANGUAGE COMMUNICATION & AUDITORY PROCEDURE INDICATED	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOMNOGRAPHY 6+ YEARS SLEEP W/CPAP 4+ ADDITIONAL PARAMETER ATTENDING	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	A6550	Negative pressure wound therapy dressing set	Approved	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	E2402	Negative pressure wound therapy pump	Approved	
FEP	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	11970	REPLACEMENT TISSUE EXPANDER WITH PERMANENT IMPLANT	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC EXERCISES 1+ AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC EXERCISES 1+ AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC EXERCISES 1+ AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I25.10	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGIOPLASTY	33533	CABG WITH ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
OCTAVE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVICE]	Q5119	Injection, riluzole, 10 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G5701	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
EXCHNG	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M50.321	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M50.321	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	S86.112D	STR MUSC/TEND POST GRP AT LOW LEG LEV L LEG SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	57335	VAGINOPLASTY INTERSEX STATE	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G4730	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
EXCHNG	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.01	SEG AND SOMATIC DYSFUNCTION OF CERVICAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.01	SEG AND SOMATIC DYSFUNCTION OF CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	Z93.9	ARTIFICIAL OPENING STATUS, UNSPECIFIED	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C49.A3	GI STROMAL TUMOR OF SMALL INTESTINE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	C49.A3	GI STROMAL TUMOR OF SMALL INTESTINE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22830	EXPLORATION SPINAL FUSION	Partially Denied	Administrative Approval
ASEPSE	Outpatient	M22.90	UNSPECIFIED DISORDER OF PATELLA UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M67911	USP DIS OF SYNOVIUM AND TENDON RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.312A	STR MSL/FSC/TND POST GRP AT THI LEV LEFT THI INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K63.1	PERFORATION OF INTESTINE (NONTRAUMATIC)	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5103	Injection, inflectra	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	I13.0	HYP HRT&CHR KD DIS W HRT FAIL&STG 1-4/USP CHR KD	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
ASEPSE	Outpatient	M25.611	STIFFNESS OF RIGHT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F93.8	OTHER CHILDHOOD EMOTIONAL DISORDERS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O34.211	MAT CR FOR LOWTRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria

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EXCHNG	Inpatient	E16.2	HYPOGLYCEMIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Partially Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	Q81.2	EPIDERMOLYSIS BULLOSA DYSTROPHI-CA	J3401	Vyjuvek 5x10^9pfu/ml, 0.1 ml	Approved	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	O14.95	UNSP PRE-ECLAMPSIA COMPLICATING THE PUERPERIUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
OCTAVE	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	I69.359	HEMIPLGA FOLLOWING CEREBRAL INF AFF UNSP SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTA-TION 3-6 VRT SEG	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative Approval
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Partially Denied	Administrative Approval
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	T78.40XA	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R15.0	INCOMPLETE DEFECATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	41830	ALVEOLECTOMY W/CURTG OSTEITIS/ SEQUESTRECTOMY	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21215	GRAFT BONE MANDIBLE	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	J86.9	PYOTHORAX WITHOUT FISTULA	Q5006	Hospice in hospice facility	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21215	GRAFT BONE MANDIBLE	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	Approved	
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	47370	LAPS SURG ABLTJ 1/> LVR TUM RF	Approved	
SKAI_BLUE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M50.020	CERV DISC DISORD W MYELPATH MID-CRV RG USP LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
OCTAVE	Inpatient	T14.91XA	SUICIDE ATTEMPT, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D15.1	BENIGN NEOPLASM OF HEART	33130	RESECTION EXTERNAL CARDIAC TUMOR	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	

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MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
OCTAVE	Inpatient	G83.4	CAUDA EQUINA SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
OCTAVE	Inpatient	Z78.9	OTHER SPECIFIED HEALTH STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	
BAAA	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	
BAAA	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F90.2	ATN-DEFICIT HYPERACT DISORDER COMBINED TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

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ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	J38.00	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	J38.00	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	J38.00	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	J38.00	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	J38.00	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E278	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Administrative Approval
SKAI_BLUE	Inpatient	T87.89	OTHER COMPLICATIONS OF AMPUTATION STUMP	27594	AMP THIGH THRU FEMUR SEC CLOSURE/ SCAR REVISION	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	D35.01	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M25.672	STIFFNESS OF LEFT ANKLE NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
BAAA	Inpatient	Q23.0	CONGENITAL STENOSIS OF AORTIC VALVE	33415	RESECTION/INCISION SUBVALVULAR TISSUE	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M25.632	STIFFNESS OF LEFT WRIST NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M23.612	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF L KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria

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HA	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.0	ANEMIA IN NEOPLASTIC DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.610	TYPE 2 DIAB MEL W DIABETIC NEUROPATHIC ARTHROP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	M54.2	CERVICALGIA	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	M54.2	CERVICALGIA	22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	Partially Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	M54.2	CERVICALGIA	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	M54.2	CERVICALGIA	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	J38.3	OTHER DISEASES OF VOCAL CORDS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	L02.415	CUTANEOUS ABSCESS OF RIGHT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	N18.31	CHRONIC KIDNEY DISEASE, STAGE 3A	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43283	LAPS ESOPHAGEAL LENGTHENING ADDL	Approved	Administrative Approval
ASEPSE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Administrative Approval
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M1A.09X1	IDIO CHRONIC GOUT MULTIPLE SITES WITH TOPHUS	J2507	Pegloticase injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NON-DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NON-DOMINANT SIDE	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37228	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37222	REVASCULARIZATION ILIAC ART ANGIOPEA IPSI VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOPEA IPSI VSL	Approved	
ABCBS	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	G0299	Hhs/hospice of rn ea 15 min	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30140	SUBMUCOUS RESECT INFERIOR TURBINATE PRTL/COMPL	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31237	NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSE-WHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
OCTAVE	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9206	Irinotecan injection	Approved	
OCTAVE	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9328	Temozolomide injection	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Inpatient	K29.70	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Medical Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1750	Inj iron dextran	Approved	
HA	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	I87321	CHR VENOUS HYPERTENSION W INF OF R LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8120	CENTRAL RETINAL VEIN OCLUSN LEFT EYE W MACU EDMA	J0178	Aflibercept injection	Approved	
BAAA	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
HA	Medical Benefit Drug	G72.89	OTHER SPECIFIED MYOPATHIES	S9373	Hit hydra total diem	Approved	
HA	Medical Benefit Drug	G72.89	OTHER SPECIFIED MYOPATHIES	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
HA	Medical Benefit Drug	G72.89	OTHER SPECIFIED MYOPATHIES	J1557	Gammplex injection	Approved	
HA	Medical Benefit Drug	G72.89	OTHER SPECIFIED MYOPATHIES	S9338	Hit immunotherapy diem	Approved	
HA	Medical Benefit Drug	G72.89	OTHER SPECIFIED MYOPATHIES	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Approved	

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MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LAN- GUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	P92.2	SLOW FEEDING OF NEWBORN	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	
BAAA	Inpatient	Z90.3	ACQUIRED ABSENCE OF STOMACH (PART OF)	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECI- FIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECI- FIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECI- FIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECI- FIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECI- FIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Outpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECI- FIED	22845	ANTERIOR INSTRUMENTATION 2-3 VER- TEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	J3490	Drugs unclassified injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	
ASEPSE	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	
ASEPSE	Outpatient	C50.912	MALIG NEOPLASM OF USP SITE OF LEFT FEMALE BREAST	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Denied	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NRV SPARING ROBOT	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Approved	
OCTAVE	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	

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ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	88329	PATHOLOGY CONSULTATION DURING SURGERY	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	38770	PEL LMPHADEC W/XTRNL ILIAC HYPOG-STR&OBTURATOR	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	
SKAI_BLUE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	Approved	
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	S46.011A	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z31.448	ECTR FOR OTH GENETC TESTING OF MALE FOR PRO MGMT	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z31.448	ECTR FOR OTH GENETC TESTING OF MALE FOR PRO MGMT	81329	SMN1 GENE ANALYSIS DOSAGE/DELETALYS W/SMN2 ALYS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z31.448	ECTR FOR OTH GENETC TESTING OF MALE FOR PRO MGMT	81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	T84.011A	BROKEN INTERNAL LEFT HIP PROSTH INITIAL ECTR	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J9272	Inj, dostarlimab-gxly, 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J1308	Inj, famotidine, 0.25 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	R70.0	ELEVATED ERYTHROCYTE SEDIMENTATION RATE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	R70.0	ELEVATED ERYTHROCYTE SEDIMENTATION RATE	47563	LAPS SURG CHOLECYSTECTOMY W/ CHOLANGIOGRAPHY	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1299	Inj, eculizumab, 2 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97026	APPLICATION MODALITY 1/> AREAS INFRARED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.85	DYSFUNCTION OF MULTIFIDUS MUSCLES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
EXCHNG	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z87.820	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Inpatient	D25.0	SUBMUCOUS LEIOMYOMA OF UTERUS	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
SKAI_BLUE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	

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SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S06.0X0S	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M7702	MEDIAL EPICONDYLITIS, LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q79.60	EHLERS-DANLOS SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Inpatient	S02.92XA	UNSP FRACTURE OF FACIAL BONES, INIT FOR CLOS FX	21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	Approved	Administrative Approval
ABCBS	Inpatient	S02.92XA	UNSP FRACTURE OF FACIAL BONES, INIT FOR CLOS FX	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	Approved	Administrative Approval
ABCBS	Inpatient	S02.92XA	UNSP FRACTURE OF FACIAL BONES, INIT FOR CLOS FX	21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	Approved	Administrative Approval
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S76.112A	STRAIN LEFT QUADRICEPS MUS FSC AND TENDON INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5110	Hearing aid dispensing fee	Denied	
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5010	Assessment for hearing aid	Denied	
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5020	Conformity evaluation	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	Approved	
MEDICAREADV	Inpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
MEDICAREADV	Inpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	L3960	Sewho airplan desig abdu pos	Approved	
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Inpatient	C88.40	XNOD MRGNL B-CL LYM MUCOSA-AS-SOC LYM TISS XREMIS	50240	NEPHRECTOMY PARTIAL	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Inpatient	T85.730A	I/I REACT D/T VENTRICULAR INTCR SHUNT INIT	62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	Approved	
MEDICAREADV	Inpatient	T85.730A	I/I REACT D/T VENTRICULAR INTCR SHUNT INIT	62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	L3000	Ft insert ucb berkeley shell	Denied	
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Denied	
ASEPSE	Outpatient	S62.609A	FX UNSP PHALANX OF UNSP FINGER INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
SKAI_BLUE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
SKAI_BLUE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	47382	ABLTJ 1/> LVR TUM PRQ RF	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.121	CERVICAL DISC DIS@C4-C5 LEVEL W RADICULOPATHY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Outpatient	M48.07	SPINAL STENOSIS, LUMBOSACRAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M48.07	SPINAL STENOSIS, LUMBOSACRAL REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.07	SPINAL STENOSIS, LUMBOSACRAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.07	SPINAL STENOSIS, LUMBOSACRAL REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J2327	Inj risankizumab-zaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52356	CYSTO/URETERO W/LITHOTRIPSY &IN-DWELL STENT INSRT	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	52352	CYSTO W/URETEROSCOPY W/RMVL/ MANJ STONES	Partially Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
BAAA	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J2323	Natalizumab injection	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	S9126	Hospice care, in the home, p	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	C50.512	MALIG NEOP OF LOWER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	
SKAI_BLUE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M79.621	PAIN IN RIGHT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T81.30XD	DISRUPTION OF WOUND USP SUBSEQUENT ENCOUNTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5.1-10 CM	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	52332	CYSTO W/INSERT URETERAL STENT	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	

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SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49010	EXPL RETROPERITONEUM W/WO BX SPX	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49418	INSJ INTRAPERITONEAL CATHETER W/ IMG GUID	Approved	
OCTAVE	Inpatient	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M80.052D	AGE-REL OSTEOPOR W CRNT PATH FX, L FEMR, 7THD	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K92.0	HEMATEMESIS	31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M20.22	HALLUX RIGIDUS, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93653	COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	
ABCBS	Outpatient	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M14.672	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	D49.1	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESP SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I67.5	MOYAMOYA DISEASE	B4035	Enteral feed supp pump per d	Denied	
ASEPSE	Outpatient	I67.5	MOYAMOYA DISEASE	B4152	Ef calorie dense>/=1.5kcal	Denied	
ASEPSE	Outpatient	I67.5	MOYAMOYA DISEASE	B9002	Enter nutr inf pump any type	Denied	
ASEPSE	Outpatient	G20.B1	PARKNS DIS W DYSKINESIA W/O MENTION FLUCTUATIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G20.B1	PARKNS DIS W DYSKINESIA W/O MENTION FLUCTUATIONS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	G57.01	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
SKAI_BLUE	Inpatient	L97.512	NON-PRS CHR ULC OTH PRT R FOOT W FAT LAYER EXPOS	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Approved	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.5	POLYP OF COLON	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.5	POLYP OF COLON	S2900	Robotic surgical system	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	Z95.2	PRESENCE OF PROSTHETIC HEART VALVE	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	O09.521	SUPRVSN OF ELDERLY MULTIGRAVIDA FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
ASEPSE	Outpatient	I83.93	ASYMPTOMATIC VARICOSE VEINS OF BI LOWER EXTREM	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	I83.93	ASYMPTOMATIC VARICOSE VEINS OF BI LOWER EXTREM	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
OCTAVE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	
OCTAVE	Inpatient	N94.89	OTH COND ASSOC W FEM GENITAL ORG & MENSTRUAL CYC	58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	Approved	
SKAI_BLUE	Inpatient	S82.202A	UNSP FX SHAFT OF LEFT TIBIA INIT FOR CLOS FX	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G11.4	HEREDITARY SPASTIC PARAPLEGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
HA	Inpatient	N26.1	ATROPHY OF KIDNEY (TERMINAL)	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81541	ONC PRST8 MRNA GENE XPRSN PRTL RT-PCR 46 GENES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
SKAI_BLUE	Inpatient	M17.31	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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HA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Approved	
HA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	Q24.9	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	93355	ECHO TEE GUIDTCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
SKAI_BLUE	Inpatient	Q24.9	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	Approved	
SKAI_BLUE	Inpatient	Q24.9	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	
ASEPSE	Outpatient	Q870	CONGEN MALFORM SYND PREDOM AFF FACIAL APPEARANCE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	J9060	Cisplatin 10 mg injection	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	J9000	Doxorubicin hcl injection	Approved	
ASEPSE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
MEDICAREADV	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
MEDICAREADV	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
HA	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTESTINE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
HA	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	

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MEDICAREADV	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB- SCCESS W/O BLEED	44145	COLECTOMY PRTL W/COLOPROCTOS- TOMY	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	K59.01	SLOW TRANSIT CONSTIPATION	44210	LAPS COLECTOMY TOT W/O PRTECT W/ ILEOST/ILEOPXTS	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N82.0	VESICOVAGINAL FISTULA	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Approved	
SKAI_BLUE	Inpatient	N82.0	VESICOVAGINAL FISTULA	51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	Approved	
HA	Medical Benefit Drug	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
ABCBS	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	38100	SPLENECTOMY TOTAL SEPARATE PRO- CEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G43.701	CHRONIC MIGRN W/O AURA NOT IN- TRACT W STAT MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1STTO 1 HR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	G43.701	CHRONIC MIGRN W/O AURA NOT IN- TRACT W STAT MIGR	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN- TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	64479	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M79.89	OTHER SPECIFIED SOFT TISSUE DISOR- DERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM- PRN CERVICAL 1 SEG	Partially Denied	Met Medical Necessity Criteria

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ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
BAAA	Outpatient	S92.354A	NDSP FX OF FIFTH METATARSAL BONE RIGHT FOOT INIT	E0760	Osteogen ultrasound stimltor	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	S9359	Hit anti-tnf per diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
HA	Inpatient	D89.89	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	K35.33	AC APPENDICITIS W PERF LOC PERITON/GANGR, WBSCS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	
EXCHNG	Medical Benefit Drug	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	J1569	Gammagard liquid injection	Approved	
ASEPSE	Outpatient	M67.911	USP DIS OF SYNOVIUM AND TENDON RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4035	Enteral feed supp pump per d	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4161	Ef ped hydrolyzed/amino acid	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q87.3	CONG MALFORM SYND INVOLVING EARLY OVERGROWTH	B4035	Enteral feed supp pump per d	Denied	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
FEP	Outpatient	H90.A21	SNSRNRL HEAR LS UNI R EAR W RSTRCD HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	H90.A21	SNSRNRL HEAR LS UNI R EAR W RSTRCD HEAR CNTRA	V5221	Hearing aid binaural bte/bte	Approved	
ABCBS	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M25.549	PAIN IN JOINTS OF UNSPECIFIED HAND	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	

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BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M89.021	ALGONEURODYSTROPHY, RIGHT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S62.151A	DISP FX OF HOOK PR OF HAMATE BONE R WRIST INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.032	PRIMARY OSTEOARTHRITIS, LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S62.356D	NONDISP FX OF SHAFT OF 5TH MC BONE, R HAND, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSE- WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.622	STIFFNESS OF LEFT ELBOW NOT ELSE- WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	P92.2	SLOW FEEDING OF NEWBORN	B4034	Enter feed supkit syr by day	Partially Denied	
ASEPSE	Outpatient	P92.2	SLOW FEEDING OF NEWBORN	B4161	Ef ped hydrolyzed/amino acid	Partially Denied	
SKAI_BLUE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITH- OUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	Q378	USP CLEFT PALATE WITH BILATERAL CLEFT LIP	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	

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ASEPSE	Outpatient	Q37.8	USP CLEFT PALATE WITH BILATERAL CLEFT LIP	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Approved	
ASEPSE	Outpatient	Q37.8	USP CLEFT PALATE WITH BILATERAL CLEFT LIP	21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTH	Approved	
ASEPSE	Outpatient	Q37.8	USP CLEFT PALATE WITH BILATERAL CLEFT LIP	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Approved	
ASEPSE	Outpatient	Q37.8	USP CLEFT PALATE WITH BILATERAL CLEFT LIP	21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	Approved	
SKAI_BLUE	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61510	CRANIECTREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Administrative Approval
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	S9128	Speech therapy, in the home,	Approved	
FEP	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34201	EMBLC/THRMB C FEMORAL POPLITEAL AORTO-ILIAC ART	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I71.42	JUXTARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection, onabotulinumtoxin A	Approved	
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	G0283	Elec stim other than wound	Partially Denied	

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ASEPSE	Inpatient	G40.804	OTHER EPILEPSY INTRACTABLE WITH- OUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R82.0	CHYLURIA	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTA- TION 3-6 VRT SEG	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22845	ANTERIOR INSTRUMENTATION 2-3 VER- TEBRAL SEGMENTS	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRU- MENTATION	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
MEDICAREADV	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67908	RPR BLPOS CONJUNCTIVO-TAR- SO-MUSC-LEVATOR RESCJ	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRU- MENTATION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	A6550	Neg pres wound ther drsg set	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	99282	EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	Approved	
SKAI_BLUE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.297A	DISLOC OF DIST INTERPHALN JT OF L LIT FINGER INI	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	Approved	
SKAI_BLUE	Inpatient	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	
SKAI_BLUE	Inpatient	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	54125	AMPUTATION PENIS COMPLETE	Approved	
SKAI_BLUE	Inpatient	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	53220	EXC/FULGURATION CARCINOMA URETHRA	Approved	
SKAI_BLUE	Inpatient	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Approved	
SKAI_BLUE	Inpatient	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NRV SPARING ROBOT	Approved	
ASEPSE	Outpatient	N94.2	VAGINISMUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiyy, 1 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C15.9	MALIGNANT NEOPLASM OF ESOPHA- GUS, UNSPECIFIED	J1326	Inj, zolbetuximab-clzb, 2 mg	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Approved	
BAAA	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33430	REPLACEMENT MITRAL VALVE W/CAR- DIOPULMONARY BYP	Approved	
BAAA	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF- FICIENCY	33427	VLVP MITRAL VALVE W/BYPASS RAD RCN- STJ W/WO RING	Approved	
BAAA	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETER- AL CALCULOUS OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5115	Inj truxima 10 mg	Approved	
BAAA	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
BAAA	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	R06.83	SNORING	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4035	Enteral feed supp pump per d	Approved	
ASEPSE	Outpatient	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	B4154	Ef spec metabolic noninherit	Approved	
ABCBS	Inpatient	O14.13	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.329D	DEEP DISRUPT/DEHISC OF OPERATION WOUND UNSP SUBS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R25.1	TREMOR, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	Q5103	Injection, inflectra	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L98.7	EXCESSIVE & REDUNDANT SKIN & SUBCUTANEOUS TISSUE	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	
FEP	Outpatient	I83.819	VARICOSE VEINS OF UNSP LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Denied	
ASEPSE	Outpatient	S83.004A	USP DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	A4239	Non-adju cgm supply allow	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
FEP	Inpatient	Z90.49	ACQ ABCS OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Z90.49	ACQ ABCS OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	Met Medical Necessity Criteria
FEP	Inpatient	Z90.49	ACQ ABCS OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K68.2	RETROPERITONEAL FIBROSIS	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	
EXCHNG	Inpatient	K05.319	CHRONIC PERIODONTITIS LOCALIZED UNSP SEVERITY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.391D	OT FX LO END OF RTIB SB FOR CLOS FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S82.391D	OT FX LO END OF RTIB SB FOR CLOS FX W ROUT HEAL	G0283	Elec stim other than wound	Partially Denied	
FEP	Outpatient	G47.39	OTHER SLEEP APNEA	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97140	MANUAL THERAPY TOS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	W54.0XXA	BITTEN BY DOG, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	M1A.00X0	IDIOPATHIC CHRONIC GOUT USP SITE WITHOUT TOPHUS	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9380	Inj teclistamab cqyv 0.5 mg	Approved	
ASEPSE	Outpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M20.011	MALLET FINGER OF RIGHT FINGER(S)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M20.011	MALLET FINGER OF RIGHT FINGER(S)	L3933	Fo w/o joints cf	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	H49.22	SIXTH [ABDUCENT] NERVE PALSY, LEFT EYE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9073	Inj cyclophos dr reddys 5 mg	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9181	Etoposide injection	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J1453	Fosaprepitant injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	S9129	Occupational therapy, in the	Denied	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	27001	TENOTOMY ADDUCTOR HIP OPEN	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	27095	INJECTION HIP ARTHROGRAPHY W/ ANESTHESIA	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection, onabotulinumtoxinA	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	Approved	
SKAI_BLUE	Inpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	27120	ACETABULOPLASTY	Approved	
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Administrative: Not a Covered Benefit

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	Q5112	Inj ontruzant 10 mg	Approved	
BAAA	Medical Benefit Drug	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	J9306	Injection, pertuzumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	62120	RPR ENCEPHALOCELE SKULL VAULT W/ CRANIOPLASTY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL- ORECTAL ANASTOMOSIS	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
BAAA	Medical Benefit Drug	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	J1453	Fosaprepitant injection	Approved	
BAAA	Medical Benefit Drug	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	J9173	Inj., durvalumab, 10 mg	Approved	
BAAA	Medical Benefit Drug	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	J9060	Cisplatin 10 mg injection	Approved	
BAAA	Medical Benefit Drug	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
BAAA	Medical Benefit Drug	C68.8	MALIG NEOP OF OVERLAPPING SITES OF URINRY ORGANS	J9201	In gemcitabine hcl nos 200mg	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19328	REMOVAL INTACT BREAST IMPLANT	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0470	Rad w/o backup non-inv intfc	Approved	
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	64722	DECOMPRESSION UNSPECIFIED NERVE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27646	RADICAL RESECTION TUMOR BONE FIBULA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection, onabotulinumtoxinA	Approved	
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
BAAA	Inpatient	G93.0	CEREBRAL CYSTS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
BAAA	Inpatient	G93.0	CEREBRAL CYSTS	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	G93.0	CEREBRAL CYSTS	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
BAAA	Inpatient	G93.0	CEREBRAL CYSTS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
BAAA	Inpatient	G93.0	CEREBRAL CYSTS	61500	CRANIECTOMY W/EXCISION TUMOR/ LESION SKULL	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J3489	Zoledronic acid 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	Q5103	Injection, inflectra	Approved	
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	G58.0	INTERCOSTAL NEUROPATHY	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	G58.0	INTERCOSTAL NEUROPATHY	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T84.53XD	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH SUBS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	T84.53XD	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH SUBS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	T84.53XD	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH SUBS	G0157	Hhc pt assistant ea 15	Approved	
OCTAVE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	M33.00	JUVENILE DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	Q5115	Inj truxima 10 mg	Approved	
HA	Inpatient	J84.01	ALVEOLAR PROTEINOSIS	32997	TOTAL LUNG LAVAGE UNILATERAL	Approved	
HA	Inpatient	J84.01	ALVEOLAR PROTEINOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	G40.804	OTHER EPILEPSY INTRACTABLE WITHOUT STATUS EPI	61536	CRANIOT EPILEPTOGENIC FOCUS W/ ELECTROCORTCOGRPHY	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	K65.1	PERITONEAL ABSCESS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
OCTAVE	Inpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ARSTATEPOLICE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0129	Abatacept injection	Approved	
BAAA	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
BAAA	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	M62.552	MUSCLE WASTING AND ATROPHY, NEC, LEFT THIGH	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5.1-10 CM	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	39545	IMBRICATION DIAPHRAGM EVENTRATION	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9373	Hit hydra total diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Denied	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
SKAI_BLUE	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M76.01	GLUTEAL TENDINITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
SKAI_BLUE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z31.430	ECT FEM FR TST FR GENETC DIS CAR STAT FR PR MGMT	81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.430	ECT FEM FR TST FR GENETC DIS CAR STAT FR PR MGMT	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z31.430	ECT FEM FR TST FR GENETC DIS CAR STAT FR PR MGMT	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M06.89	OTHER SPECIFIED RHEU ARTHRITIS MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	
EXCHNG	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J0717	Certolizumab pegol inj 1mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TO 1INTRSPC LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22830	EXPLORATION SPINAL FUSION	Partially Denied	Administrative Approval
SKAI_BLUE	Inpatient	K35.33	AC APPENDICITIS W PERF LOC PERITON/GANGR, WBSCS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
BAAA	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32669	THORACOSCOPY W/SEGMENTECTOMY	Approved	
BAAA	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	
BAAA	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q68.0	CONG DEFORMITY OF STERNOCLEIDOMASTOID MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	E85.1	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	I61.5	NTRM INTRACEREBRAL HEMORRHAGE INTRAVENTRICULAR	G4033	Skilled nursing facility ss	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	I10	ESSENTIAL (PRIMARY) HYPERTENSION	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
HA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22830	EXPLORATION SPINAL FUSION	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	

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MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J1434	Inj, focinvez, 1mg	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J2469	Palonosetron hcl	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSYP	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSYP	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	Met Medical Necessity Criteria
HA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/ NRV SPARING ROBOT	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M62.469	CONTRACTURE OF MUSCLE, UNSPECIFIED LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	D375	NEOPLASM OF UNCERTAIN BEHAVIOR OF RECTUM	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77386	INTENSITY MODULATED RADIATIONTX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22830	EXPLORATION SPINAL FUSION	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	A41.01	SEPSIS DUE TO METHICILLIN SUSCEP STAPH AUREUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
HA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
HA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	J9306	Injection, pertuzumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	Q5114	Inj ogivri 10 mg	Approved	
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	J0897	Denosumab injection	Approved	
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	J9202	Goserelin acetate implant	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J2802	Inj, romiplostim 1 microgram	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	61867	STRTCTC IMPLTJ NSTIM ELTRD W/ RECORD 1ST ARRAY	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	S9129	Occupational therapy, in the	Approved	
HA	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0299	Hhs/hospice of m ea 15 min	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M35.7	HYPERMOBILITY SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M35.7	HYPERMOBILITY SYNDROME	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	S92.111D	DISP FX OF NK OF R TALUS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47.9	SPONDYLOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.297A	DISLOC OF DIST INTERPHALN JT OF L LIT FINGER INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	N83.202	UNSPECIFIED OVARIAN CYST, LEFT SIDE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Administrative: Insufficient Information
SKAI_BLUE	Medical Benefit Drug	C43.71	MALIGNANT MELANOMA OF RIGHT LOWER LIMB INC HIP	J9325	Inj talimogene laherparepvec	Approved	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSA-CR INTVRT DISC DIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M12.562	TRAUMATIC ARTHROPATHY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ARSTATEPOLICE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.032D	DSP FX OF LAT END L CLAVIC SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	A41.81	SEPSIS DUE TO ENTEROCOCCUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	F11.93	OPIOID USE, UNSPECIFIED WITH WITHDRAWAL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M51.35	OTHER INTVRT DISC DEGENERATION THORACOLUM REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	Approved	
SKAI_BLUE	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	39220	RESECTION MEDIASTINAL TUMOR	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	Approved	Administrative Approval
ABCBS	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	28810	AMPUTATION METATARSAL W/TOE SINGLE	Approved	Administrative Approval
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	
BAAA	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REJV TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M84.422A	PATHOLOGICAL FRACTURE, LEFT HUMERUS, INIT FOR FX	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M84.422A	PATHOLOGICAL FRACTURE, LEFT HUMERUS, INIT FOR FX	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35558	BYPASS W/VEIN FEMORAL-FEMORAL	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	36246	SLCTV CATHJ 2ND ORDER ABDL PEL/ LXTR ART BRNCH	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	
EXCHNG	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	K72.00	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Approved	
MEDICAREADV	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
SKAI_BLUE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19318	BREAST REDUCTION	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0129	Abatacept injection	Approved	
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
FEP	Outpatient	G47.39	OTHER SLEEP APNEA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.39	OTHER SLEEP APNEA	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19316	MASTOPEXY	Partially Denied	
ASEPSE	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19330	RMVL RUPTURED BREAST IMPLANT W/ IMPLANT CONTENTS	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G95.0	SYRINGOMYELIA AND SYRINGOBULBIA	J0585	Injection,onabotulinumtoxina	Approved	
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	Administrative Approval
FEP	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	Administrative Approval
EXCHNG	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	S93.401A	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M53.3	SACROCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHESIS INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	Administrative Approval
ASEPSE	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHESIS INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Administrative Approval
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K68.2	RETROPERITONEAL FIBROSIS	J2919	Inj, methylpred sod succ 5mg	Approved	
EXCHNG	Medical Benefit Drug	K68.2	RETROPERITONEAL FIBROSIS	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Medical Benefit Drug	K68.2	RETROPERITONEAL FIBROSIS	Q5115	Inj truxima 10 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5135	Inj, tyenne, 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1602	Golimumab for iv use 1mg	Approved	

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ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	N20.0	CALCULUS OF KIDNEY	50081	PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J0177	Inj, aflibercept hd, 1 mg	Approved	
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
SKAI_BLUE	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSA-CR INTVRT DISC DIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSA-CR INTVRT DISC DIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Approved	
SKAI_BLUE	Inpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	
HA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M41.04	INFANTILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	
SKAI_BLUE	Inpatient	M41.04	INFANTILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
SKAI_BLUE	Inpatient	M41.04	INFANTILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M41.04	INFANTILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Approved	
SKAI_BLUE	Inpatient	M41.04	INFANTILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5122	Inj, nyvepria	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	Approved	
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M75.20	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.20	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.20	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ARSTATEPOLICE	Outpatient	M66.242	SPN RUPTURE OF EXTENSOR TENDONS LEFT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
BAAA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9334	Inj efgart-alfa 2mg hya-qvfc	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C67.8	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J9028	Inj, nogapendekin pmln, 1mcg	Approved	
SKAI_BLUE	Medical Benefit Drug	C67.8	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J9030	Bcg live intravesical 1mg	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J2405	Ondansetron hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	J9118	Inj. calaspargase pegol-mknl	Approved	
FEP	Inpatient	I63.521	CRB INFRC D/T USP OCCLS OR STENOS R ANT CRB ART	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Approved	
MEDICAREADV	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
BAAA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.001A	FX UNSP PART OF RIGHT CLAVIC INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
SKAI_BLUE	Inpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7037	Pos airway pressure tubing	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7035	Pos airway press headgear	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7038	Pos airway pressure filter	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7046	Repl water chamber, pap dev	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7031	Replacement facemask interfa	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7030	Cpap full face mask	Approved	
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.121D	DSP FX OF ACROMIAL PR R SHLD SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	L98.499	NON-PRS CHR ULCER OF SKIN OF SITES W UNSP SEVERT	G0299	Hhs/hospice of rn ea 15 min	Approved	
ABCBS	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.292D	OT DSP FX OF UP END L HMRS SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	Q5103	Injection, inflectra	Approved	
SKAI_BLUE	Outpatient	G47.419	NARCOLEPSY WITHOUT CATAPLEXY	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Approved	
SKAI_BLUE	Outpatient	G47.419	NARCOLEPSY WITHOUT CATAPLEXY	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Outpatient	G47.419	NARCOLEPSY WITHOUT CATAPLEXY	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81243	FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81161	DMD DUPLICATION/DELETION ANALYSIS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81329	SMN1 GENE ANALYSIS DOSAGE/DELET Alys W/SMN2 Alys	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81361	HBB COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81255	HEXA GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81200	ASPA GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	O09.892	SUPV OF OTHER HIGH RISK PREGNANCIES SECOND TRI	81220	CFTR GENE ANALYSIS COMMON VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
ASEPSE	Outpatient	J38.02	PARALYSIS OF VOCAL CORDS AND LARYNX, BILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPNT VEINS	Approved	
SKAI_BLUE	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	27310	ARTHRT KNE W/EXPL DRG/RMVL FB	Approved	
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	P2P Approved
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Approved	P2P Approved
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	Z52.011	AUTOLOGOUS DONOR, STEM CELLS	J1459	Inj ivig privigen 500 mg	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	Q5104	Injection, renflexis	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	54200	INJECTION PEYRONIE DISEASE	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M41.9	SCOLIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	N40.0	B9 PROSTATIC HYPERPLASIA W/O LWR URINRY TRC SYMP	52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	Approved	
SKAI_BLUE	Outpatient	G89.29	OTHER CHRONIC PAIN	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	S06.309D	UNSP FOCAL TBI W LOC OF UNSP DURATION, SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	M54.2	CERVICALGIA	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Inpatient	M54.2	CERVICALGIA	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	Q5010	Hospice home care in hospice	Approved	
BAAA	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	Q5006	Hospice in hospice facility	Approved	
FEP	Inpatient	S72.051A	UNSP FX HEAD OF RIGHT FEMUR INIT FOR CLOS FX	27125	HEMIARTHROPLASTY HIP PARTIAL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C67.8	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51575	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	Approved	
SKAI_BLUE	Inpatient	C67.8	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	Approved	
EXCHNG	Medical Benefit Drug	N04.9	NEPHROTIC SYNDROME WITH USP MORPHOLOGIC CHANGES	Q5119	Inj ruxience, 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4239	Non-adju cgm supply allow	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S06.309D	UNSP FOCAL TBI W LOC OF UNSP DURATION, SUBS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
EXCHNG	Outpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Inpatient	J84.01	ALVEOLAR PROTEINOSIS	32997	TOTAL LUNG LAVAGE UNILATERAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	T1022	Contracted services per day	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	G0162	Hhc rn e&m plan svcs, 15 min	Partially Denied	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S93.402D	SPRAIN OF USP LIGAMENT OF LEFT ANKLE SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5255	Hearing aid, digit, mon, itc	Approved	
ASEPSE	Inpatient	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S66.393S	INJ EXTN MUS/FSC/TND L MID FINGER@ WRS/HND LV SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D89.811	CHRONIC GRAFT-VERSUS-HOST DISEASE	J9038	Inj axatilimab-csfr 0.1 mg	Approved	
BAAA	Medical Benefit Drug	C16.9	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	J9272	Inj, dostarlimab-gxly, 10 mg	Approved	
ASEPSE	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
BAAA	Inpatient	G93.9	DISORDER OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
BAAA	Inpatient	G93.9	DISORDER OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
BAAA	Inpatient	G93.9	DISORDER OF BRAIN, UNSPECIFIED	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
SKAI_BLUE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
SKAI_BLUE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C22.0	LIVER CELL CARCINOMA	Q5006	Hospice in hospice facility	Approved	
HA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
HA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
HA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	S9131	Pt in the home per diem	Partially Denied	
HA	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
HA	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
BAAA	Inpatient	K52.89	OT NONINFECTIVE GASTRO-ENTERITIS&COLITIS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
BAAA	Inpatient	K52.89	OT NONINFECTIVE GASTRO-ENTERITIS&COLITIS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
BAAA	Inpatient	K52.89	OT NONINFECTIVE GASTRO-ENTERITIS&COLITIS	S2900	Robotic surgical system	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M99.06	SEG AND SOMATIC DYSFUNCTION OF LOWER EXTREM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.26	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.26	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	Approved	
FEP	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
OCTAVE	Inpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F90.9	ATTENTION-DEFICIT HYPERACT DISORDER USP TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47600	CHOLECYSTECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M26.603	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER UNSP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Q89.2	CONGENITAL MALFORM OF OTHER ENDOCRINE GLANDS	60280	EXCISION THYROID GLANDS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M51.17	INTVRT DISC DISORD W RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R13.19	OTHER DYSPHAGIA	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxinA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	T84.031A	MECH LOOSENING OF INT LEFT HIP PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
BAAA	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	S80.01XD	CONTUSION OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	S80.01XD	CONTUSION OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	S80.01XD	CONTUSION OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	S80.01XD	CONTUSION OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	R13.10	DYSPHAGIA, UNSPECIFIED	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	
BAAA	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Inpatient	I61.5	NTRM INTRACEREBRAL HEMORRHAGE INTRAVENTRICULAR	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Medical Benefit Drug	L88	PYODERMA GANGRENOSUM	J1747	Inj, spesolimab-sbzo, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R51.9	HEADACHE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	27080	COCCYGECTOMY PRIMARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
SKAI_BLUE	Inpatient	M50.021	CERVICAL DISC DISORDER@C4-C5 LEVEL W MYELOPATHY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Inpatient	M50.021	CERVICAL DISC DISORDER@C4-C5 LEVEL W MYELOPATHY	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	M50.021	CERVICAL DISC DISORDER@C4-C5 LEVEL W MYELOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ASEPSE	Outpatient	M94.262	CHONDROMALACIA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0175	Inj, donanemab-azbt, 2 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Inpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXIL-LARY NODE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	38745	AXILLARY LYMPHADENECTOMY COMPLETE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.005D	UNSPECIFIED DLOC OF LEFT PATELLA SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M26.02	MAXILLARY HYPOPLASIA	21196	RCNSTJ MNDBLR RAMI&/BDY SGLT SPLT W/INT RGD FI	Approved	
SKAI_BLUE	Outpatient	M26.02	MAXILLARY HYPOPLASIA	21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I67.9	CEREBROVASCULAR DISEASE, UNSPECIFIED	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOIF PFRMD	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Inpatient	O02.1	MISSED ABORTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TO INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Partially Denied	
ASEPSE	Outpatient	L94.0	LOCALIZED SCLERODERMA [MORPHEA]	11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	Approved	
ASEPSE	Outpatient	L94.0	LOCALIZED SCLERODERMA [MORPHEA]	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
ASEPSE	Outpatient	L94.0	LOCALIZED SCLERODERMA [MORPHEA]	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	
ASEPSE	Outpatient	L94.0	LOCALIZED SCLERODERMA [MORPHEA]	19316	MASTOPEXY	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Inpatient	R87.610	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria

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EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	K95.09	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G12.21	AMYOTROPHIC LATERAL SCLEROSIS	E0466	Home vent non-invasive inter	Approved	
ASEPSE	Outpatient	Q37.5	CLEFT HARD AND SOFT PALATE WITH UNIL CLEFT LIP	42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Meets Primary Coverage Criteria
BAAA	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	60545	ADRENALECTOMY EXPL W/EXC RETROP-ERTINEAL TUMOR	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	44139	MOBLJ SPLENIC FLXR PFRMD CON-JUNCT W/PRTL COLCT	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	47120	HEPATECTOMY RESCJ PARTIAL LOBEC-TOMY	Approved	

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SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEUJUNOSTOMY	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	49190	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CYST >30 CM	Approved	
SKAI_BLUE	Inpatient	C76.3	MALIGNANT NEOPLASM OF PELVIS	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N83.291	OTHER OVARIAN CYST, RIGHT SIDE	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	
EXCHNG	Inpatient	N83.291	OTHER OVARIAN CYST, RIGHT SIDE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C25.4	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	J1930	lanreotide injection	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M75.32	CALCIFIC TENDINITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G81.94	HEMIPLEGIA USP AFFECTING LEFT NON-DOMINANT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G81.94	HEMIPLEGIA USP AFFECTING LEFT NON-DOMINANT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NON-DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
BAAA	Inpatient	Q21.0	VENTRICULAR SEPTAL DEFECT	33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	G0283	Elec stim other than wound	Partially Denied	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76830	US TRANSVAGINAL	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	89353	THAWING CRYOPRESERVED SPERM/ SEMEN EACH ALIQUOT	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83036	HEMOGLOBIN GLYCOSYLATED A1C	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84443	ASSAY OF THYROID STIMULATING HORMONE TSH	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	89260	SPRM ISOL SMPL PREP INSEMINATION/ DX SEMEN ALYS	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84403	ASSAY OF TESTOSTERONE TOTAL	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84144	ASSAY OF PROGESTERONE	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	82670	ASSAY OF TOTAL ESTRADIOL	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84702	GONADOTROPIN CHORIONIC QUANTITATIVE	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83002	GONADOTROPIN LUTEINIZING HORMONE	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	74740	HYSTEOSALPINGOGRAPHY RS&I	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58340	CATH & SALINE/CONTRAST SONOHYS-TER/HYSTEOSALPI	Approved	
FEP	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84146	ASSAY OF PROLACTIN	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
SKAI_BLUE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Outpatient	N18.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M66.871	SPN RUP OF OTHER TENDONS RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
OCTAVE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5 CM OR LESS	Approved	Administrative Approval
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M25.562	PAIN IN LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	

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BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M80.00XS	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE SQ	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3312	TYPE 2 DIAB W MOD NONP RTNOP W MACU EDEMA L EYE	Q5147	Inj, aflibercept-ayyh, 1 mg	Approved	
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
ASEPSE	Outpatient	S33.6XXA	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	G37.3	ACTRANS MYELITIS IN DEMYELINATING DIS OF CNSL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
MEDICAREADV	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
HA	Medical Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M67874	OTHER SPECIFIED DISORD OF TND LEFT ANKL AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
SKAI_BLUE	Outpatient	K72.90	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19307	MAST MODF RAD W/AX LYMPH NOD W/ WO PECT/ALIS MIN	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G60.9	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G35	MULTIPLE SCLEROSIS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	J86.9	PYOTHORAX WITHOUT FISTULA	32650	THORACOSCOPY W/PLEURODESIS	Approved	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	37226	REVSC OPN/PRQ FEM/POP W/STNT/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	Approved	
MEDICAREADV	Outpatient	I70.235	ATHSCL NATIVE ART OF R LEG W ULCER OTH PRT FOOT	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ ANGIOP SM VSL	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	

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HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	L51.3	STEVENS-JOHNSN SYN-TX EPDRML NECROLYS OVRLP SYN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	Approved	
SKAI_BLUE	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	Approved	
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
HA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	I69.311	MEMORY DEFICIT FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.834	DERMATOCHALASIS OF LEFT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Partially Denied	
SKAI_BLUE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ASEPSE	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	O72.1	OTHER IMMEDIATE POSTPARTUM HEMORRHAGE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
BAAA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
BAAA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
BAAA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
BAAA	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	Q5101	Injection, zarxio	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	I83.12	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INF	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
HA	Outpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
HA	Outpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	52000	CYSTOURETHROSCOPY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	

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ASEPSE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37228	REVSC OPN/PRQ TIB/PERO W/ANGIO-PLASTY UNI	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37224	REVSC OPN/PRG FEM/POP W/ANGIO-PLASTY UNI	Approved	
MEDICAREADV	Outpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9208	Ifosfamide injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C84.90	MATURE T/NK-CELL LYMPHOMAS USP USP SITE	J9260	Inj methotrexate sodium 50mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	Denied	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	52000	CYSTOURETHROSCOPY	Denied	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Denied	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Denied	
FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Denied	

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FEP	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	
EXCHNG	Inpatient	Z90.49	ACQ ABSC OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
SKAI_BLUE	Outpatient	K72.00	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	K65.1	PERITONEAL ABSCESS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Denied	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Denied	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Denied	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Denied	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Denied	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Denied	
FEP	Outpatient	I73.00	RAYNAUD'S SYNDROME WITHOUT GANGRENE	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Denied	
FEP	Outpatient	H90.A32	MIX CND/SNRL HEAR LS,UNI,L EAR W RSTR HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.531	PAIN IN RIGHT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	11970	REPLACEMENT TISSUE EXPANDER W/ PERMANENT IMPLANT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	19380	REVISION OF RECONSTRUCTED BREAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I71.20	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE, UNSP	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M18.11	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT R HND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M26.631	ART DISC DIS OF RIGHT TEMPOROMANDIBULAR JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D73.89	OTHER DISEASES OF SPLEEN	38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	Approved	
ASEPSE	Outpatient	M25.852	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	A31.0	PULMONARY MYCOBACTERIAL INFECTION	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C64.9	MALIG NEOP OF UNSP KIDNEY EXCEPT RENAL PELVIS	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
ASEPSE	Outpatient	G35	MULTIPLE SCLEROSIS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	R53.81	OTHER MALAISE	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
SKAI_BLUE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
SKAI_BLUE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
SKAI_BLUE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
SKAI_BLUE	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	
SKAI_BLUE	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	G62.89	OTHER SPECIFIED POLYNEUROPATHIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.899	OTH ENTHESOPATHIES OF USP LOW LIMB EXCLUDING FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/ WO SYNOVIAL BX SPX	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G11.9	HEREDITARY ATAXIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.5	PRESENCE OF TOOTH-ROOT AND MANDIBULAR IMPLANTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	H0018	Alcohol and/or drug services	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Medical Benefit Drug	C82.13	FOLICU LYMPHOMA GRADE II IN-TRA-ABD LYMPH NODES	Q5119	Inj ruxience, 10 mg	Approved	
BAAA	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERO CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	

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EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Inpatient	K28.9	GASTROJEJUNAL ULC USP AS AC / CHR W/O HEM / PERF	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Partially Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	C16.8	MALIG NEOPLASM OF OVERLAPPING SITES OF STOMACH	44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	Approved	
MEDICAREADV	Inpatient	C16.8	MALIG NEOPLASM OF OVERLAPPING SITES OF STOMACH	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
MEDICAREADV	Inpatient	I77.4	CELIAC ARTERY COMPRESSION SYNDROME	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	

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OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Inpatient	M79.662	PAIN IN LEFT LOWER LEG	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	S42.295A	OTH NONDISP FX OF UPPER END OF LEFT HUMERUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S42.295A	OTH NONDISP FX OF UPPER END OF LEFT HUMERUS INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S06.0X0A	CONCUSS WITHOUT LOSS OF CONS INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
SKAI_BLUE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	E0431	Portable gaseous O2	Approved	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Approved	

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EXCHNG	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Approved	
ASEPSE	Outpatient	S83.206D	UNSP TEAR OF UNSP MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Outpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP-ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M1A.09X0	IDIO CHRONIC GOUT MULTIPLE SITES WITHOUT TOPHUS	J2507	Pegloticase injection	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	11981	INSERTION DRUG DELIVERY IMPLANT	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Medical Benefit Drug	C83.00	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	C83.00	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	
BAAA	Medical Benefit Drug	C83.00	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C83.00	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	J1100	Dexamethasone sodium phos	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5140	Behind ear binaur hearing ai	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N83.202	UNSPECIFIED OVARIAN CYST, LEFT SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	E11.59	TYPE 2 DIAB MEL WITH OTH CIRCULATORY COMP	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.50	PAIN IN UNSPECIFIED JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	Q5122	Inj, nyvepria	Approved	
ASEPSE	Outpatient	R04.2	HEMOPTYSIS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	I13.0	HYP HRT&CHR KD DIS W HRT FAIL&STG 1-4/USP CHR KD	Q5005	Hospice, inpatient hospital	Approved	
BAAA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J0129	Abatacept injection	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	52332	CYSTO W/INSERT URETERAL STENT	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	48140	PNCRRECT DSTL STOT W/O PNCRTCOJUNOSTOMY	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	60545	ADRENALECTOMY EXPL W/EXC RETROPERITINEAL TUMOR	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	49190	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CYST >30 CM	Approved	Administrative Approval

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ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	Approved	Administrative Approval
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	Administrative Approval
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Outpatient	R51.9	HEADACHE, UNSPECIFIED	81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	D42.9	NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES USP	61586	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	

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ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	D23.39	OTHER BENIGN NEOP OF SKIN OF OTHER PARTS OF FACE	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R20.2	PARESTHESIA OF SKIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S80.02XA	CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H57.813	BROW PTOSIS, BILATERAL	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	H57.813	BROW PTOSIS, BILATERAL	67900	REPAIR BROW PTOSIS	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.125D	DLOC OF INTERPHALANGEAL JOINT OF LEFT THUMB SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	C79.60	SECONDARY MALIGNANT NEOPLASM OF USP OVARY	58951	RESCJ PRIM PRTL MAL W/BSO & OMN-TC TAH & LMPHAD	Approved	
BAAA	Inpatient	C79.60	SECONDARY MALIGNANT NEOPLASM OF USP OVARY	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	C79.60	SECONDARY MALIGNANT NEOPLASM OF USP OVARY	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	

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MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	K38.8	OTHER SPECIFIED DISEASES OF APPENDIX	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	
SKAI_BLUE	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	52000	CYSTOURETHROSCOPY	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	49329	UNLISTED LAPAROSCOPY PX ABD PERITONEUM & OMENTUM	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	
FEP	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	S46.292D	INJ MUS FSC AND TND OF PRT BICEP LEFT ARM SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosuzumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	M71.161	OTHER INFECTIVE BURSTITIS, RIGHT KNEE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	A41.81	SEPSIS DUE TO ENTEROCOCCUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9373	Hit hydra total diem	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9334	Inj efgart-alfa 2mg hya-qvfc	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
SKAI_BLUE	Inpatient	I25.112	ATHS HRT DIS OF NATV COR ART W REFRACT ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	49592	RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K21.00	G-ESOP REFLUX DIS W ESOPHAGITIS, WITHOUT BLEED	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	Q5135	Inj, tyenne, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	
ASEPSE	Outpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Q5001	Hospice or home hlth in home	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G11.9	HEREDITARY ATAXIA, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	G11.9	HEREDITARY ATAXIA, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	S9129	Occupational therapy, in the	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	Z46.6	ECTR FOR FITTING AND ADJUST OF URINARY DEVICE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H90.6	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS BI	69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Approved	
ASEPSE	Outpatient	H90.6	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS BI	L8690	Aud osseo dev, int/ext comp	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2469	Palonosetron hcl	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9151	Daunorubicin citrate inj	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1100	Dexamethasone sodium phos	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.13	FOLICU LYMPHOMA GRADE II INTRA-ABD LYMPH NODES	Q5119	Inj ruxience, 10 mg	Approved	
ASEPSE	Outpatient	Z43.1	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	G0299	Hhs/hospice of rn ea 15 min	Approved	
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Inpatient	N73.6	FEMALE PELVIC PERITONEAL ADHESIONS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5321	Ak open end sach	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5611	Ak 4 bar link w/fric swing	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5920	Endo ak/hip alignable system	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5312	Knee disart, sach ft, endo	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5622	Test socket knee disarticula	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5783	Add low ext mec limb vol sys	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5850	Endo ak/hip knee extens assi	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5999	Lowr extremity prosthes nos	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5679	Socket insert w/o lock mech	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5950	Endo ak ultra-light material	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5631	Ak/knee disartic acrylic soc	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5845	Knee-shin sys stance flexion	Approved	
FEP	Outpatient	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	L5981	Flex-walk sys low ext prosth	Approved	
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32674	THORACOSCOPY W/MEDIASTINL & REGIONAL LYMPHDENECTOMY	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.8	OTHER PERVASIVE DEVELOPMENTAL DISORDERS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.814	CROHN DIS OF BOTH SMALL AND LARGE INT W ABSCS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M93.959	OSTEOCHONDROPATHY UNSPECIFIED UNSPECIFIED THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	

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ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Denied	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	F89	UNSPECIFIED DISORDER OF PSYCH DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELEZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22614	ARTHRODESIS PST/PSTLAT TQ 1INTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	
MEDICAREADV	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	19301	MASTECTOMY PARTIAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ASEPSE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	
MEDICAREADV	Outpatient	C50.819	MALIG NEOP OF OVRLP SITES OF UNSP FEMALE BREAST	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	N18.32	CHRONIC KIDNEY DISEASE, STAGE 3B	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22848	PELVIC FIXATION OTHER THAN SACRUM	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22849	REINSERTION SPINAL FIXATION DEVICE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20937	AUTOGRAFT SPINE SURGERY MORSELISTED SEP INCISION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33268	EXCLUSION LAA OPENTM STRNT/ THRCM ANY METHOD	Approved	Meets Primary Coverage Criteria
FEP	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	Meets Primary Coverage Criteria
ARSTATEPOLICE	Outpatient	R279	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M25.551	PAIN IN RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SIN- GLE LOBE	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE- WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D25.2	SUBSEROSAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	A4239	Non-adju cgm supply allow	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E2103	Non-adju cgm receiver/mon	Denied	Did Not Meet Medical Necessity Criteria
ARSTATEPOLICE	Outpatient	M23.8X1	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5101	Injection, zarxio	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	47701	PORTOENETEROSTOMY	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI- TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE- WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22830	EXPLORATION SPINAL FUSION	Approved	
BAAA	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	
BAAA	Inpatient	F31.9	BIPOLAR DISORDER, UNSPECIFIED	H0017	Alcohol and/or drug services	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	J0586	Abobotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Inpatient	K5721	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	K5721	DVTRCLI OF LG INT W PERF AND ABSCESS W BLEEDING	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
HA	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&OVARIES	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
HA	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	K86.2	CYST OF PANCREAS	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89268	INSEMINATION OOCYTES	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89290	BX OOCYTE POLR BDY/EMBRYO BLST MICROTQ <= 5 EMBRY	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89250	CUL OOCYTE/EMBRYO <4 DAYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89254	OOCYTE ID FROM FOLLICULAR FLU	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76948	US GUIDANCE ASPIRATION OVA IMG S&I	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89291	BX OOCYTE MICROTQ >5 EMBRY	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89280	ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89258	CRYOPRSRV EMBRYO	Partially Denied	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	I13.0	HYP HRT&CHR KD DIS W HRT FAIL&STG 1-4/USP CHR KD	Q5004	Hospice in snf	Approved	
ASEPSE	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J2468	Inj, palonosetron (posfrea)	Approved	
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	Q5107	Inj mvasi 10 mg	Approved	
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J9263	Oxaliplatin	Approved	
BAAA	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J0185	Inj., aprepitant, 1 mg	Approved	
ASEPSE	Inpatient	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19300	MASTECTOMY FOR GYNECOMASTIA	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
SKAI_BLUE	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G82.20	PARAPLEGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	O90.9	COMPLICATION OF THE PUERPERIUM, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
EXCHNG	Inpatient	M53.2X2	SPINAL INSTABILITIES, CERVICAL REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Approved	
EXCHNG	Inpatient	M53.2X2	SPINAL INSTABILITIES, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	M53.2X2	SPINAL INSTABILITIES, CERVICAL REGION	27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	Approved	
EXCHNG	Inpatient	M53.2X2	SPINAL INSTABILITIES, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1INTRSPC CRV BELW C2 SEGMENT	Approved	
ASEPSE	Outpatient	G04.00	AC DISSEM ENCEPHALITIS & ENCEPHALOMYELITIS UNSP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.E19	CHRN MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.E19	CHRN MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	Approved	
BAAA	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
BAAA	Inpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Denied	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	S72.322J	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THJ	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M70.51	OTHER BURSTITIS OF KNEE, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	

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ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64479	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Approved	
ABCBS	Inpatient	I99.8	OTHER DISORDER OF CIRCULATORY SYSTEM	26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I99.8	OTHER DISORDER OF CIRCULATORY SYSTEM	25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.303	OTH MENISCUS DERANG UNSP MED MENISCUS RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ABCBS	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C24.9	MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED	47701	PORTOENETEROSTOMY	Approved	Administrative Approval
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.891D	OTH FX R LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	35701	EXPLORATION N/FLWD SURG NECK ARTERY	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	92240	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	N979	FEMALE INFERTILITY, UNSPECIFIED	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Approved	
EXCHNG	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	K92.1	MELENA	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Approved	
EXCHNG	Inpatient	K92.1	MELENA	43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	Approved	
EXCHNG	Inpatient	K92.1	MELENA	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S93.491S	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	S42.201D	UNSP FX UP END OF R HMRS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35646	BYP OTH/THN VEIN AORTOBIFEMORAL	Approved	
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Partially Denied	
ASEPSE	Outpatient	C77.8	SEC AND UNSP MALIG NEOP OF NODES OF MLT REGIONS	G6002	Stereoscopic x-ray guidance	Approved	
ASEPSE	Outpatient	C77.8	SEC AND UNSP MALIG NEOP OF NODES OF MLT REGIONS	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C77.8	SEC AND UNSP MALIG NEOP OF NODES OF MLT REGIONS	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C77.8	SEC AND UNSP MALIG NEOP OF NODES OF MLT REGIONS	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	C77.8	SEC AND UNSP MALIG NEOP OF NODES OF MLT REGIONS	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C77.8	SEC AND UNSP MALIG NEOP OF NODES OF MLT REGIONS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
BAAA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	J67.9	HYPERSENSITIVITY PNEUMONITS D/T USP ORGANIC DUST	G0239	Oth resp proc, group	Approved	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	

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ABCBS	Inpatient	K09.9	CYST OF ORAL REGION, UNSPECIFIED	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K09.9	CYST OF ORAL REGION, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K09.9	CYST OF ORAL REGION, UNSPECIFIED	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K09.9	CYST OF ORAL REGION, UNSPECIFIED	64885	NERVE GRAFT HEAD/NECK < 4 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K09.9	CYST OF ORAL REGION, UNSPECIFIED	21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K09.9	CYST OF ORAL REGION, UNSPECIFIED	21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1756	Iron sucrose injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Approved	
ASEPSE	Outpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	

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SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	Approved	
SKAI_BLUE	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35558	BYPASS W/VEIN FEMORAL-FEMORAL	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	S21.301A	USP OPN WND R FRNT WL OF THRX W PEN THOR CAV INI	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
EXCHNG	Inpatient	S21.301A	USP OPN WND R FRNT WL OF THRX W PEN THOR CAV INI	21627	STERNAL DEBRIDEMENT	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.271A	CMPLX TEAR OF LAT MENS CRNT INJ RIGHT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M53.84	OTHER SPECIFIED DORSOPATHIES, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	E75.22	GAUCHER DISEASE	J1786	Imuglucerase injection	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	V89.2XXD	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.51	BURSITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T88.9XXA	COMPL OF SURGICAL AND MEDICAL CARE UNSP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	T88.9XXA	COMPL OF SURGICAL AND MEDICAL CARE UNSP INIT	G0283	Elec stim other than wound	Denied	
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.89	OTHER DORSALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	G20.C	PARKINSONISM, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62165	NUNDSC ICRA EXC PITUITRY TUM TRN-SNSL/SPHENOID	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	32100	THORACOTOMY WITH EXPLORATION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	33020	PERICARDIOTOMY REMOVAL CLOT/FOR-EIGN BODY PRIMARY	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	32666	THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Outpatient	D75.81	MYELOFIBROSIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22614	ARTHRODESIS PST/PSTLAT TO 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
MEDICAREADV	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	22612	ARTHRODESIS POSTERIOR/PSTLAT TO 1NTRSPC LUMBAR	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	J9045	Carboplatin injection	Approved	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	J2469	Palonosetron hcl	Approved	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	J9181	Etoposide injection	Approved	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	J1308	Inj, famotidine, 0.25 mg	Approved	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I63.231	CRB INFRC D/T UNSP OCCLS OR STENOS OF R CRTD ART	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	G56.22	LESION OF ULNAR NERVE, LEFT UPPER LIMB	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S52.532A	COLLES FRACTURE OF LEFT RADIUS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I69.328	OTH SPEECH/LANG DEFICITS FOLLOWING CEREBRAL INF	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20937	AUTOGRAFT SPINE SURGERY MORSE- LIZED SEP INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE LIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	L08.9	LOCAL INFECTION THE SKIN AND SUBCU TISSUE UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Outpatient	M16.7	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F90.9	ATTENTION-DEFICIT HYPERACT DISORDER USP TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
EXCHNG	Inpatient	B99.9	UNSPECIFIED INFECTIOUS DISEASE	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	L8680	Implt neurostim elctr each	Approved	
EXCHNG	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Outpatient	C91.10	CHR LYMPHOCYTIC LUK OF B-CL TP NOT ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M25.561	PAIN IN RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
MEDICAREADV	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M25.561	PAIN IN RIGHT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ABCBS	Inpatient	I25.709	ATHS OF CABG UNSP W UNSP ANGINA PECTORIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.709	ATHS OF CABG UNSP W UNSP ANGINA PECTORIS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S73.192D	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.292D	INJ MUS FSC AND TND OF PRT BICEP LEFT ARM SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	C60.2	MALIGNANT NEOPLASM OF BODY OF PENIS	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M53.1	CERVICOBACHIAL SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	R53.83	OTHER FATIGUE	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	R53.83	OTHER FATIGUE	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	Approved	
SKAI_BLUE	Inpatient	K50.014	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5122	Inj, nyvepria	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection, onabotulinumtoxinA	Approved	
SKAI_BLUE	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PROQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37223	REVSC OPN/PROQ ILIAC ART W/STNT & ANGIOP IPSILATL	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36200	INTRODUCTION CATHETER AORTA	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J3247	Inj secukinumab intrav 1mg	Approved	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	Approved	
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K14.8	OTHER DISEASES OF TONGUE	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	Q78.1	POLYOSTOTIC FIBROUS DYSPLASIA	J1745	Infliximab not biosimil 10mg	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
ASEPSE	Medical Benefit Drug	E74.02	POMPE DISEASE	S9357	Hit enzyme replace diem	Approved	

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ASEPSE	Medical Benefit Drug	E74.02	POMPE DISEASE	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Medical Benefit Drug	E74.02	POMPE DISEASE	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	G0299	Hhs/hospice of rn ea 15 min	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9321	Inj epcoritamab-bysp 0.16 mg	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5122	Inj, nyvepria	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9201	In gemcitabine hcl nos 200mg	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9060	Cisplatin 10 mg injection	Partially Denied	
FEP	Outpatient	H90.5	UNSPECIFIED SENSORINEURAL HEARING LOSS	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M42.00	JUVENILE OSTOCHND OF SPINE SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	G83.4	CAUDA EQUINA SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	

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SKAI_BLUE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
SKAI_BLUE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	Q93.52	PHELAN-MCDERMID SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria

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ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	
SKAI_BLUE	Inpatient	M17.10	UNILATERAL PRIMARY OSTEOARTH UNSPECIFIED KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Partially Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	R53.83	OTHER FATIGUE	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	
SKAI_BLUE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
ASEPSE	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M67959	UNSP DISORDER OF SYNOVIUM AND TENDON USP THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M67959	UNSP DISORDER OF SYNOVIUM AND TENDON USP THIGH	G0283	Elec stim other than wound	Partially Denied	
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	Administrative Approval
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ABCBS	Inpatient	M50.122	CERVICAL DISC DIS@C5-C6 LEVEL W RADICULOPATHY	22830	EXPLORATION SPINAL FUSION	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE INITIAL ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
HA	Medical Benefit Drug	M31.31	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	
FEP	Inpatient	R42	DIZZINESS AND GIDDINESS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	Approved	
BAAA	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	39220	RESECTION MEDIASTINAL TUMOR	Approved	
EXCHNG	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8120	CENTRAL RETINAL VEIN OCLUSN LEFT EYE W MACU EDMA	J0178	Aflibercept injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
SKAI_BLUE	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	19303	MASTECTOMY SIMPLE COMPLETE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
ASEPSE	Outpatient	K14.8	OTHER DISEASES OF TONGUE	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
EXCHNG	Outpatient	N92.6	IRREGULAR MENSTRUATION, UNSPECIFIED	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&STRD TFRML EPI LUMBAR/SACRAL EA ADDL	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Approved	

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SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M45.9	ANKYLOSING SPONDYLITIS OF USP SITES IN SPINE	J1602	Golimumab for iv use 1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q87.11	PRADER-WILLI SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z94.81	BONE MARROW TRANSPLANT STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	

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ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M23.303	OTH MENISCUS DERANG UNSP MED MENISCUS RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M22.8X2	OTHER DISORDERS OF PATELLA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M22.8X2	OTHER DISORDERS OF PATELLA, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
MEDICAREADV	Outpatient	M47814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61868	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD EA ARRAY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61867	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD 1ST ARRAY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ARSTATEPOLICE	Outpatient	N62	HYPERTROPHY OF BREAST	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
ASEPSE	Outpatient	S06.9XAS	UNSP INTCRN INJURY W LOC STATUS UNKNOWN, SEQUELA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S06.9XAS	UNSP INTCRN INJURY W LOC STATUS UNKNOWN, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	S01.83XA	PUNCTURE WOUND W/O FB OTH PRT HEAD INIT ENCNR	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
EXCHNG	Inpatient	S01.83XA	PUNCTURE WOUND W/O FB OTH PRT HEAD INIT ENCNR	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	Approved	
EXCHNG	Inpatient	S01.83XA	PUNCTURE WOUND W/O FB OTH PRT HEAD INIT ENCNR	21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Approved	

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ASEPSE	Outpatient	M25.569	PAIN IN UNSPECIFIED KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M84.422A	PATHOLOGICAL FRACTURE, LEFT HUMERUS, INIT FOR FX	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M84.422A	PATHOLOGICAL FRACTURE, LEFT HUMERUS, INIT FOR FX	S9129	Occupational therapy, in the	Approved	
ABCBS	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	I87.312	CHR VENOUS HYPERTENSION W ULCER OF L LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNT VEIN	Approved	
ASEPSE	Outpatient	S76.312D	STR MSL/FSC/TND POST GRP AT THI LEV L THI SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	S9129	Occupational therapy, in the	Approved	

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ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3358	Ustekinumab, iv inject, 1 mg	Approved	
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	S81.801A	USP OPEN WOUND RIGHT LOWER LEG INITIAL ENCOUNTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	I72.9	ANEURYSM OF UNSPECIFIED SITE	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
BAAA	Inpatient	I72.9	ANEURYSM OF UNSPECIFIED SITE	96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	Approved	
BAAA	Inpatient	I72.9	ANEURYSM OF UNSPECIFIED SITE	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	I72.9	ANEURYSM OF UNSPECIFIED SITE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ASEPSE	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.843A	DISPLACED BIMALLEOL FRACTURE UNSP LOWER LEG INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64479	NJX AA&STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	N52.31	ERECTILE DYSFUNCTION FOL RADICAL PROSTATECTOMY	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
SKAI_BLUE	Inpatient	R78.81	BACTEREMIA	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
BAAA	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
SKAI_BLUE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
SKAI_BLUE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
BAAA	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50400	PYELOPLASTY SIMPLE	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52356	CYSTO/URETERO W/LITHOTRIPSY &IN-DWELL STENT INSRT	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	51610	NJX RETROGRADE URETHROCSTOGRAPY	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J1602	Golimumab for iv use 1mg	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	S2900	Robotic surgical system	Approved	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.311D	STRESS FX RIGHT SHLD SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M84.311D	STRESS FX RIGHT SHLD SUBS FOR FX W ROUTN HEAL	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N26.1	ATROPHY OF KIDNEY (TERMINAL)	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1576	Inj, panzyga, 500 mg	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H93.293	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.812	OBESITY, CLASS 2	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Approved	
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng non	Approved	
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	64568	OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	Approved	
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7033	Replacement nasal pillows	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7035	Pos airway press headgear	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7036	Pos airway press chinstrap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7034	Nasal application device	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7030	Cpap full face mask	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7032	Replacement nasal cushion	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7037	Pos airway pressure tubing	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A4604	Tubing with heating element	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7031	Replacement facemask interfa	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7046	Repl water chamber, pap dev	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7038	Pos airway pressure filter	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I50.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
FEP	Outpatient	N81.4	UTEROVAGINAL PROLAPSE, UNSPECIFIED	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	Approved	
FEP	Outpatient	N81.4	UTEROVAGINAL PROLAPSE, UNSPECIFIED	57288	SLING OPERATION STRESS INCONTINENCE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	H18.731	DESCEMETOCELE, RIGHT EYE	65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	H18.731	DESCEMETOCELE, RIGHT EYE	67710	SEVERING TARSORRHAPHY	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	H18.731	DESCEMETOCELE, RIGHT EYE	67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPHY	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	H18.731	DESCEMETOCELE, RIGHT EYE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	H18.731	DESCEMETOCELE, RIGHT EYE	92018	COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61751	STRCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Inpatient	M25.511	PAIN IN RIGHT SHOULDER	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J3247	Inj secukinumab intrav 1mg	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ABCBS	Inpatient	Q85.03	SCHWANNOMATOSIS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q85.03	SCHWANNOMATOSIS	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q85.03	SCHWANNOMATOSIS	63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q85.03	SCHWANNOMATOSIS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Q85.03	SCHWANNOMATOSIS	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxinA	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S86.911A	STR UNSP MUSC/TEND AT LOW LEG LEV RIGHT LEG INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F40.10	SOCIAL PHOBIA, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
HA	Outpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	S9126	Hospice care, in the home, p	Approved	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S62.614A	DISP FX OF PROX PHLX OF RIGHT RING FINGER INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
ARSTATEPOLICE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M76.52	PATELLAR TENDINITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J3247	Inj secukinumab intrav 1mg	Approved	
FEP	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	F90.0	ATTN-DEFCT HYPERACT DIS PREDOM INATTENTIVE TYPE	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Q37.5	CLEFT HARD AND SOFT PALATE WITH UNIL CLEFT LIP	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S32.311D	DSP AVULS FX R ILIUM SUBS FOR FX W ROUNTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

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BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
SKAI_BLUE	Inpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/ BONE GRAFTS	Approved	
SKAI_BLUE	Inpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	Approved	
SKAI_BLUE	Inpatient	Q75.9	CONGENITAL MALFORM OF SKULL AND FACE BONES USP	21240	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	Approved	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58951	RESCJ PRIM PRTL MAL W/BSO & OM-NTC TAH & LMPHAD	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
MEDICAREADV	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	88342	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	Approved	
MEDICAREADV	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	Approved	
MEDICAREADV	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	0211U	ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING	Approved	
MEDICAREADV	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M89.8X5	OTHER SPECIFIED DISORDERS OF BONE, THIGH	20245	BIOPSY BONE OPEN DEEP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.209	LOC-REL SYM EPI W CM PR SEIZ,X NTRCT,W/O STA EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C44.201	UNSP MALIG NEOP SKIN/UNSP EAR & EXT AURIC CANAL	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C44.201	UNSP MALIG NEOP SKIN/UNSP EAR & EXT AURIC CANAL	42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C44.201	UNSP MALIG NEOP SKIN/UNSP EAR & EXT AURIC CANAL	69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C44.201	UNSP MALIG NEOP SKIN/UNSP EAR & EXT AURIC CANAL	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	0540U	TRNSPLJ MEDICINE QUAN DD-CFDNA NGS ALYS PLASMA	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Q5107	Inj mvasi 10 mg	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOP- ATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	S24.103A	UNSP INJ AT T7-T10 LEV OF THOR SPINAL CORD INIT	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	S24.103A	UNSP INJ AT T7-T10 LEV OF THOR SPINAL CORD INIT	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PAD- DLE EDRL	Denied	
ASEPSE	Outpatient	S24.103A	UNSP INJ AT T7-T10 LEV OF THOR SPINAL CORD INIT	95971	ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	Denied	
ASEPSE	Outpatient	S24.103A	UNSP INJ AT T7-T10 LEV OF THOR SPINAL CORD INIT	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Denied	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D63.8	ANEMIA IN OTHER CHRONIC DISEASES CLAS ELSEWHERE	Q0138	Ferumoxytol, non-esrd	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUC- TION OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANE- OUS FLAP TRUNK	Approved	
BAAA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUC- TION OR GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	
EXCHNG	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S39.92XA	USP INJURY OF LOWER BACK INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S39.92XA	USP INJURY OF LOWER BACK INITIAL ENCOUNTER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	R10.2	PELVIC AND PERINEAL PAIN	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	B4160	Ef ped caloric dense>/=0.7kc	Denied	

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FEP	Outpatient	S83.01D	LATERAL SUBLUX OF RIGHT PATELLA SB ENCOUNTER	27429	LIGMOUS RCNSTJ AGMNTJ KNE IN-TRA-ARTICULAR XTR	Approved	
FEP	Outpatient	S83.01D	LATERAL SUBLUX OF RIGHT PATELLA SB ENCOUNTER	L1833	Ko adj jnt pos r sup pre ots	Approved	
BAAA	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT IN-TRACT W STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M06.812	OTHER SPECIFIED RHEU ARTHRITIS LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z87.898	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R09.81	NASAL CONGESTION	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	R07.89	OTHER CHEST PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
SKAI_BLUE	Outpatient	M54.6	PAIN IN THORACIC SPINE	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	

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BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	J0185	Inj., aprepitant, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	J1448	Injection, trilaciclib, 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	J9181	Etoposide injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	J9173	Inj., durvalumab, 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	J9045	Carboplatin injection	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Inpatient	F15.20	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	H0018	Alcohol and/or drug services	Approved	
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C88.40	XNOD MRGNL B-CL LYM MUCOSA-ASSOC LYM TISS XREMIS	Q5115	Inj truxima 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	29075	APPLICATION CAST ELBOW FINGER SHORT ARM	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5110	Nivestym	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Administrative: Not a Covered Benefit
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	T84.54XD	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH SUBS	27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Approved	
ASEPSE	Inpatient	K63.2	FISTULA OF INTESTINE	44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	K63.2	FISTULA OF INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9334	Inj efgart-alfa 2mg hya-qvfc	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	S9379	Hit noc per diem	Approved	
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S66.123A	LAC FLX MUS/FSC/TND L MID FNGR AT WRS/HND LV INI	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
BAAA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
BAAA	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	
SKAI_BLUE	Outpatient	H05.012	CELLULITIS OF LEFT ORBIT	G0299	Hhs/hospice of rn ea 15 min	Approved	
FEP	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	J93.9	PNEUMOTHORAX, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N94.5	SECONDARY DYSMENORRHEA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58957	RESE CJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	Approved	
SKAI_BLUE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27095	INJECTION HIP ARTHROGRAPHY W/ ANESTHESIA	Approved	
MEDICAREADV	Outpatient	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9373	Hit hydra total diem	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Q21.22	TRANSITIONAL ATRIOVENTRICULAR SEPTAL DEFECT	33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9208	Ifosfamide injection	Approved	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9181	Etoposide injection	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
FEP	Inpatient	J98.2	INTERSTITIAL EMPHYSEMA	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	49621	RPR PARASTOMAL HERNIA 1ST/RECR REDUCIBLE	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
BAAA	Inpatient	N90.3	DYSPLASIA OF VULVA, UNSPECIFIED	57288	SLING OPERATION STRESS INCONTINENCE	Approved	
BAAA	Inpatient	N90.3	DYSPLASIA OF VULVA, UNSPECIFIED	58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	N90.3	DYSPLASIA OF VULVA, UNSPECIFIED	57280	COLPOPEXY ABDOMINAL APPROACH	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	N95.1	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Q66.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
FEP	Outpatient	H93.293	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	G0340	Robt lin-radsurg fractx 2-5	Approved	
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	77470	SPECIAL TREATMENT PROCEDURE	Approved	
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	G0339	Robot lin-radsurg com, first	Approved	
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	I69.151	HEMIPLGA FOL NTRM INTCRBL HEM AFF RIGHT DOM SIDE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	I69.151	HEMIPLGA FOL NTRM INTCRBL HEM AFF RIGHT DOM SIDE	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	I69.151	HEMIPLGA FOL NTRM INTCRBL HEM AFF RIGHT DOM SIDE	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S52.501A	UNSP FRACTURE THE LOWER END OF RIGHT RADIUS INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	B4154	Ef spec metabolic noninherit	Approved	
ASEPSE	Outpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	B4036	Enteral feed sup kit grav by	Approved	
ASEPSE	Outpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	B4155	Ef incomplete/modular	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.830	MUSCLE SPASM OF BACK	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S63.592A	OTHER SPECIFIED SPRAIN OF LEFT WRIST INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2778	Ranibizumab injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.301A	UNSP INJ MSL/FSC/TND POST GRP @THI LV R THI INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Doesn't Meet Primary Coverage Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J9267	Paclitaxel injection	Approved	

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SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J9272	Inj, dostarlimab-gxly, 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J9045	Carboplatin injection	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	K55.1	CHRONIC VASCULAR DISORDERS OF INTESTINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Approved	
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J3247	Inj secukinumab intrav 1mg	Approved	
BAAA	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19318	BREAST REDUCTION	Approved	
MEDICAREADV	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	36471	INJECTION SCLEROSANT MULTIPLE INCMPNT VEINS	Approved	
MEDICAREADV	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNT VEIN	Approved	
HA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	J18.1	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8688	Implt nrostm pls gen dua non	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	Approved	
BAAA	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	27134	REVJTOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Outpatient	J44.0	CHR OBSTRUCTIVE PULM DIS W (AQT) LWR RESP INFCT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	J44.0	CHR OBSTRUCTIVE PULM DIS W (AQT) LWR RESP INFCT	S9128	Speech therapy, in the home,	Denied	
ASEPSE	Outpatient	J44.0	CHR OBSTRUCTIVE PULM DIS W (AQT) LWR RESP INFCT	S9131	Pt in the home per diem	Denied	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	
ASEPSE	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	Denied	
ASEPSE	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Denied	
ASEPSE	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Denied	
ASEPSE	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	Denied	
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Administrative Approval

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ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Administrative Approval
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R41.844	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R41.844	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
OCTAVE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	I21.19	STEMI INVOLVING OTH COR ARTERY OF INFERIOR WALL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
ASEPSE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	

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ASEPSE	Outpatient	S76.311S	STR MSL/FASC/TND POST GRP AT THI LEV R THI SQLA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMI- NAL ILEUM	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEURO- GENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
ARSTATEPOLICE	Outpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRI- TIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
BAAA	Outpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VER- TEBRAL SEGMENTS	Approved	
ASEPSE	Outpatient	G90.09	OTHER IDIOPATHIC PERIPHERAL AUTO- NOMIC NEUROPATHY	97039	UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	Partially Denied	
ASEPSE	Outpatient	G90.09	OTHER IDIOPATHIC PERIPHERAL AUTO- NOMIC NEUROPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHA- GUS, UNSPECIFIED	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	Approved	
MEDICAREADV	Inpatient	C15.9	MALIGNANT NEOPLASM OF ESOPHA- GUS, UNSPECIFIED	49441	INSERT DUODENOSTOMY/JEJUNOSTO- MYTUBE PERQ	Approved	
ASEPSE	Outpatient	S43.51XD	SPRAIN OF RIGHT ACROMIOCLAV JOINT SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51590	CSTC COMPL W/URTROILEAL CONDUIT/ BLDR W/INT ANAST	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J0165	Inj epinephrine nos 0.1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J2405	Ondansetron hcl injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	J0780	Prochlorperazine injection	Approved	
ASEPSE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	47600	CHOLECYSTECTOMY	Approved	Administrative Approval
ASEPSE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	Approved	Administrative Approval
ASEPSE	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	Administrative Approval
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	
MEDICAREADV	Pharmacy Benefit Drug	J45.40	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	J0517	Inj., benralizumab, 1 mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Outpatient	G90.522	COMPLEX REGIONAL PAIN SYND I OF LEFT LOWER LIMB	64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
SKAI_BLUE	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Approved	
SKAI_BLUE	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Approved	
SKAI_BLUE	Outpatient	N97.9	FEMALE INFERTILITY, UNSPECIFIED	89260	SPRM ISOL SMPL PREP INSEMINATION/ DX SEMEN ALYS	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22830	EXPLORATION SPINAL FUSION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22848	PELVIC FIXATION OTHER THAN SACRUM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M23.612	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF L KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0588	Incobotulinumtoxin a	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
ASEPSE	Outpatient	F81.0	SPECIFIC READING DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Denied	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J9076	Inj, cyclophos (baxter) 5mg	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	Q5119	Inj ruxience, 10 mg	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J2919	Inj, methylpred sod succ 5mg	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J1100	Dexamethasone sodium phos	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J1200	Diphenhydramine hcl injectio	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J1308	Inj, famotidine, 0.25 mg	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J0165	Inj epinephrine nos 0.1 mg	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J9181	Etoposide injection	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J2175	Meperidine hydrochl /100 mg	Approved	
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	J9370	Vincristine sulfate 1 mg inj	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4088	Gastro/jejuno tube, low-pro	Denied	
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B9998	Enteral supp not otherwise c	Denied	
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4035	Enteral feed supp pump per d	Denied	
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	B4149	Ef blenderized foods	Denied	
SKAI_BLUE	Medical Benefit Drug	C48.2	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	J9063	Inj, elahere, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C48.2	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Q5118	Inj., zirabev, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C48.2	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	J2469	Palonosetron hcl	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62165	NUNDSC ICRA EXC PITUITRY TUM TRN-SNSL/SPHENOID	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	B02.9	ZOSTER WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1439	Inj ferric carboxymaltos 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
ASEPSE	Outpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N81.0	URETHROCELE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	S2900	Robotic surgical system	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	S46.812A	STR MUSC/FASC/TEND AT SHLDR/UP ARM LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
ASEPSE	Outpatient	S61.219D	LAC W/O FB OF UNSP FINGER W/O DAMAG TO NAIL SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.6	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS BI	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.549	PAIN IN JOINTS OF UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HYPROS COM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S76.311S	STR MSL/FASC/TND POST GRP AT THI LEV R THI SQLA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.012	MALIG NEOP OF NIPPLE AND AREOLA LEFT FEM BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	G0283	Elec stim other than wound	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I70.223	ATHSCL NATIVE ART OF EXTRM W REST PAIN BI LEGS	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L97.529	NON-PRS CHR ULC OTH PRT LEFT FOOT W UNSP SEVERT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Denied	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Denied	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Denied	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S80.02XD	CONTUSION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C85.90	NON-HODGKIN LYMPHOMA USP USP SITE	Q5122	lnj, nyvepria	Approved	
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M26.621	ARTHRALGIA OF RIGHT TEMPOROMANDIBULAR JOINT	21243	ARTHROP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.621	ARTHRALGIA OF RIGHT TEMPOROMANDIBULAR JOINT	21196	RCNSTJ MNDBLR RAMI&/BDY SGT L SPLT W/INT RGD FI	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M26.621	ARTHRALGIA OF RIGHT TEMPOROMANDIBULAR JOINT	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Approved	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G89.29	OTHER CHRONIC PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ARSTATEPOLICE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F41.9	ANXIETY DISORDER, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F41.9	ANXIETY DISORDER, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
BAAA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	J1569	Gammagard liquid injection	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
ARSTATEPOLICE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F90.0	ATTN-DEFCT HYPERACT DIS PREDOM INATTENTIVE TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

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ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	S32.010G	WDG COMPRSN FX 1ST LUM VERT SB FOR FX W DLY HEAL	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	T79.A22D	TRMA COMPARTMENT SYND OF LEFT LOWER EXTREM SUBS	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Approved	
EXCHNG	Inpatient	T79.A22D	TRMA COMPARTMENT SYND OF LEFT LOWER EXTREM SUBS	10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	Approved	
EXCHNG	Inpatient	T79.A22D	TRMA COMPARTMENT SYND OF LEFT LOWER EXTREM SUBS	13160	SECONDARY CLOSURE SURG WOUND/ DEHSN EXTSV/COMPLIC	Approved	
ASEPSE	Outpatient	J45.30	MILD PERSISTENT ASTHMA, UNCOMPLICATED	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
ASEPSE	Outpatient	D05.12	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	R31.0	GROSS HEMATURIA	50234	NEPHRECTOMY W/TOT URETER-ECT&BLDR CUFF SAME INC	Approved	Administrative Approval
BAAA	Inpatient	Q21.10	ATRIAL SEPTAL DEFECT, UNSPECIFIED	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	Approved	
BAAA	Inpatient	Q21.10	ATRIAL SEPTAL DEFECT, UNSPECIFIED	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIET-IC CELLS PER DONOR	Approved	
OCTAVE	Inpatient	T84.091A	MECH COMPL OF INTERNAL LEFT HIP PROSTHESIS INIT	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Partially Denied	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Partially Denied	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	E85.1	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R4789	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
MEDICAREADV	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44145	COLECTOMY PRTL W/COLOPROCTOS- TOMY	Approved	
MEDICAREADV	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST- MY LW ANAST	Approved	
ABCBS	Inpatient	D64.9	ANEMIA, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STE- NOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STE- NOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	J38.3	OTHER DISEASES OF VOCAL CORDS	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	J38.3	OTHER DISEASES OF VOCAL CORDS	64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	C24.1	MALIGNANT NEOPLASM OF AMPULLA OF VATER	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDI- NAL GASTRECTOMY	Denied	Administrative: Not a Cover- ed Benefit
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.69	STIFFNESS OF OTHER SPECIFIED JOINT, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M25.562	PAIN IN LEFT KNEE	27445	ARTHROPLASTY KNEE HINGE PROS- THESIS	Approved	
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	96367	IV INFUSION THER PROPH ADDL SE- QUENTIAL TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	J2919	Inj, methylpred sod succ 5mg	Approved	
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	J2507	Pegloticase injection	Approved	
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Medical Benefit Drug	M1A.9XX1	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	T81.30XD	DISRUPTION OF WOUND USP SUBSE- QUENT ENCOUNTER	G0299	Hhs/hospice of rn ea 15 min	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	Approved	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	Approved	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	Approved	
SKAI_BLUE	Inpatient	D49.0	NEOPLASM OF USP BEHAVIOR OF DIGESTIVE SYSTEM	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
HA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61868	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD EA ARRAY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61867	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD 1ST ARRAY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	C18.8	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	C18.8	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35351	TEAEC W/WO PATCH GRAFT ILIAC	Approved	Administrative Approval
ASEPSE	Inpatient	I74.09	OTHER ARTERIAL MBLSM AND THROMBOSIS OF ABD AORTA	35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
BAAA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&i	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	36200	INTRODUCTION CATHETER AORTA	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Administrative Approval
ABCBS	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	Approved	Administrative Approval
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
FEP	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
FEP	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	J9334	Inj efgart-alfa 2mg hya-qvfc	Approved	
FEP	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	S9542	Ht inj noc per diem	Approved	

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ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M26.602	LEFT TEMPOROMANDIBULAR JOINT DISORDER UNSP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95707	EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	Approved	
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
SKAI_BLUE	Inpatient	G40.109	LOC-REL SYM EP W SMP PRT SEZ,X NTRCT W/O STA EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D70.9	NEUTROPENIA, UNSPECIFIED	Q5101	Injection, zarxio	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	

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ASEPSE	Outpatient	S52.122A	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.361	OT INTVRT DISC DEGEN LUM RGN W LOW XTR PAIN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J1750	Inj iron dextran	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	J9060	Cisplatin 10 mg injection	Approved	
BAAA	Inpatient	C40.01	MALIG NEOP OF SCAP AND LONG BONE OF R UPPER LIMB	J9000	Doxorubicin hcl injection	Approved	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Approved	
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	C1776	Joint device (implantable)	Approved	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ABCBS	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z73.4	INADEQUATE SOCIAL SKILLS NOT ELSEWHERE CLAS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	

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ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	P92.2	SLOW FEEDING OF NEWBORN	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	R10.32	LEFT LOWER QUADRANT PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M67.912	USP DIS OF SYNOVIUM AND TENDON LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.3	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z48.3	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	

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ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
BAAA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K61.0	ANAL ABSCESS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Approved	
SKAI_BLUE	Inpatient	K63.2	FISTULA OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R32	UNSPECIFIED URINARY INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria

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ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGICAL AMP	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	J38.2	NODULES OF VOCAL CORDS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADMINT XTRNL	Approved	
SKAI_BLUE	Inpatient	D35.01	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPLTABDL	Approved	
ASEPSE	Outpatient	M25.872	OTHER SPECIFIED JOINT DISORD LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	62165	NUNDSC ICRA EXC PITUITRY TUM TRN- SNSL/SPHENOID	Approved	
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	D49.7	NEOP OF USP BEHAV OF END GLND&OT PRT NERVOUS SYS	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.241A	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	N05.2	UNSP NEPH SYND W DIFFUSE MEMBRANOUS GLOMRLNEPH	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	D44.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	0026U	ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.492D	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE SB ECTR	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S93.492D	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Partially Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	S9129	Occupational therapy, in the	Partially Denied	
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	S9131	Pt in the home per diem	Partially Denied	
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
BAAA	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
SKAI_BLUE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	E1390	Oxygen concentrator	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	D59.30	HEMOLYTIC-UREMIC SYNDROME, UNSPECIFIED	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	H47011	ISCHEMIC OPTIC NEUROPATHY, RIGHT EYE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
OCTAVE	Medical Benefit Drug	E85.82	WILD-TYPE TRANSTHYRETIN-RELATED AMYLOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	K55.1	CHRONIC VASCULAR DISORDERS OF INTESTINE	S9123	Nursing care in home rn	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	41120	GLOSSECTOMY <ONE-HALF TONGUE	Approved	
EXCHNG	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J1453	Fosaprepitant injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J9045	Carboplatin injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J9267	Paclitaxel injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	J2506	Inj pegfilgrast ex bio 0.5mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	H02.423	MYOGENIC PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Denied	

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ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	52356	CYSTO/URETERO W/LITHOTRIPSY & IN-DWELL STENT INSRT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	G0283	Elec stim other than wound	Partially Denied	
BAAA	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Approved	
OCTAVE	Inpatient	C64.9	MALIG NEOP OF UNSP KIDNEY EXCEPT RENAL PELVIS	Q5005	Hospice, inpatient hospital	Approved	
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	R22.41	LOC SWELLING MASS AND LUMP RIGHT LOWER LIMB	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	R22.41	LOC SWELLING MASS AND LUMP RIGHT LOWER LIMB	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48140	PNCRTECT DSTL STOT W/O PNCRTCOJE-JUNOSTOMY	Approved	
SKAI_BLUE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48999	UNLISTED PROCEDURE PANCREAS	Approved	
EXCHNG	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 1 LEVEL	Approved	
EXCHNG	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/ SAC 2ND LEVEL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N36.8	OTHER SPECIFIED DISORDERS OF URETHRA	50650	URETRECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	N36.8	OTHER SPECIFIED DISORDERS OF URETHRA	51590	CSTC COMPL W/URTROILEAL CONDUIT/ BLDR W/INT ANAST	Approved	
EXCHNG	Inpatient	N36.8	OTHER SPECIFIED DISORDERS OF URETHRA	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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SKAI_BLUE	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	J7030	Normal saline solution infus	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	J1100	Dexamethasone sodium phos	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
OCTAVE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J3262	Tocilizumab injection	Approved	
OCTAVE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	
ASEPSE	Outpatient	M54.18	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	L8680	Implt neurostim elctr each	Denied	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Denied	Administrative: Insufficient Information
ARSTATEPOLICE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	
BAAA	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	M43.6	TORTICOLLIS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	Approved	
EXCHNG	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	G0299	Hhs/hospice of rn ea 15 min	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	S82.892D	OTH FX L LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.852	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	

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ASEPSE	Outpatient	S64.02XA	INJ OF ULNAR NRV AT WRSHND LV OF LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
OCTAVE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Approved	
OCTAVE	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J2916	Na ferric gluconate complex	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M65.342	TRIGGER FINGER, LEFT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	
BAAA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
BAAA	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	C82.19	FOLICU LYMPH GRADE II EXTRNOD AND SOLID ORG SITE	Q5119	Inj ruxience, 10 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	S81.802D	USP OPEN WOUND LEFT LOWER LEG SB ENCOUNTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Meets Primary Coverage Criteria
SKAI_BLUE	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGULATED	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANASTOTH/THN CLRCT	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Inpatient	I30.0	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C68.0	MALIGNANT NEOPLASM OF URETHRA	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	Approved	

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EXCHNG	Inpatient	C68.0	MALIGNANT NEOPLASM OF URETHRA	53215	URETHRECTOMY TOT W/CYSTOST MALE	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
SKAI_BLUE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
EXCHNG	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	E85.1	NEUROPATHIC HEREDOFAMILIAL AMY-LOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
SKAI_BLUE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
SKAI_BLUE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9181	Etoposide injection	Approved	
SKAI_BLUE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9045	Carboplatin injection	Approved	

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SKAI_BLUE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9209	Mesna injection	Approved	
SKAI_BLUE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9312	Inj., rituximab, 10 mg	Approved	
SKAI_BLUE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9208	Ifosfamide injection	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	S53.105A	UNSP DLOC OF LEFT ULNOHUMERAL JOINT INIT ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	K86.1	OTHER CHRONIC PANCREATITIS	81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	K86.1	OTHER CHRONIC PANCREATITIS	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
OCTAVE	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
OCTAVE	Medical Benefit Drug	D89.84	IGG4-RELATED DISEASE	Q5115	Inj truxima 10 mg	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	

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MEDICAREADV	Inpatient	T84.011A	BROKEN INTERNAL LEFT HIP PROSTH INITIAL ECTR	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5251	Hearing aid, prog, bin, itc	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5122	Inj, nyvepria	Approved	
SKAI_BLUE	Inpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	11004	DBRDMT SKN SBQT/M/F NECRO INFCTJ XTRNL GENT&PER	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	K92.0	HEMATEMESIS	S8490	100 insulin syringes	Approved	Administrative Approval
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	
ASEPSE	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
SKAI_BLUE	Outpatient	M4722	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	64479	NJX AA&/STRD TFRML EPI CERVICAL/ THORACIC 1 LEVEL	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22634	ARTHRODESIS CMBN TO 1INTRSPC EACH ADDITIONAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.004A	USP DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	J31.0	CHRONIC RHINITIS	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Administrative Approval
ASEPSE	Inpatient	J31.0	CHRONIC RHINITIS	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	Administrative Approval
ASEPSE	Inpatient	J31.0	CHRONIC RHINITIS	31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	Approved	Administrative Approval
ASEPSE	Inpatient	J31.0	CHRONIC RHINITIS	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Administrative Approval
ASEPSE	Inpatient	J31.0	CHRONIC RHINITIS	42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	Approved	Administrative Approval
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9260	Inj methotrexate sodium 50mg	Approved	Administrative Approval

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HA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
FEP	Outpatient	H90.42	SNSRNRL HEAR L UNI L EAR W UNRES HEAR CNTRA SIDE	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Inpatient	N80.129	DEEP ENDOMETRIOSIS OF OVARY, UNSPECIFIED OVARY	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Outpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Outpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	G2211	Complex e/m visit add on	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C34.81	MALIG NEOP OF OVRLP SITES OF R BRONC AND LUNG	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	R06.89	OTHER ABNORMALITIES OF BREATHING	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	Q5118	Inj., zirabev, 10 mg	Approved	
BAAA	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
BAAA	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	R10.9	UNSPECIFIED ABDOMINAL PAIN	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D62	ACUTE POSTHEMORRHAGIC ANEMIA	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	M31.6	OTHER GIANT CELL ARTERITIS	J3262	Tocilizumab injection	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L97.215	NON-PRS CHR ULC OF R CALF W MSL W/O EVD OF NECR	S9123	Nursing care in home rn	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7037	Pos airway pressure tubing	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7030	Cpap full face mask	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7035	Pos airway press headgear	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7038	Pos airway pressure filter	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7031	Replacement facemask interfa	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
FEP	Outpatient	H90.5	UNSPECIFIED SENSORINEURAL HEARING LOSS	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	H35.109	RETINOPATHY OF PREMATURITY USP USP EYE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	I71.00	DISSECTION OF UNSPECIFIED SITE OF AORTA	33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	Approved	
SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
MEDICAREADV	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	56805	CLITOROPLASTY INTERSEX STATE	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX-/G/H/F 20SQCM/<	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	15241	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX-/G/H/F EA ADDL	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	54125	AMPUTATION PENIS COMPLETE	Approved	
BAAA	Inpatient	F64.0	TRANSSEXUALISM	57335	VAGINOPLASTY INTERSEX STATE	Approved	
SKAI_BLUE	Inpatient	C91.90	LYMPHOID LEUKEMIA USP NOT HAVING ACHIEVED REMIS	96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M54.81	OCCIPITAL NEURALGIA	64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	Approved	
EXCHNG	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	Approved	
EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	J0585	Injection, onabotulinumtoxinA	Approved	

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EXCHNG	Medical Benefit Drug	K22.0	ACHALASIA OF CARDIA	43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
BAAA	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	A9276	Disposable sensor, cgm sys	Approved	
BAAA	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4232	Syringe w/needle insulin 3cc	Approved	
BAAA	Outpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4230	Infus insulin pump non needl	Approved	
SKAI_BLUE	Inpatient	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
BAAA	Inpatient	I71.60	THORACOABDOMINAL AORTIC ANEURYSM W/O RUPTURE USP	35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M18.9	OSTEOARTH OF FIRST CARPOMETACARP JOINT USP	L3808	Whfo, rigid w/o joints	Approved	
ASEPSE	Outpatient	M18.9	OSTEOARTH OF FIRST CARPOMETACARP JOINT USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
HA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Medical Benefit Drug	G31.84	MILD COGN IMPAIRMENT UNCERTAIN/ UNKNOWN ETIOLOGY	J0175	Inj, donanemab-abzt, 2 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
SKAI_BLUE	Inpatient	T84.012A	BROKEN INTERNAL RIGHT KNEE PROSTH INITIAL ECTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84403	ASSAY OF TESTOSTERONE TOTAL	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84443	ASSAY OF THYROID STIMULATING HORMONE TSH	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84702	GONADOTROPIN CHORIONIC QUANTITATIVE	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58340	CATH & SALINE/CONTRAST SONOHYS-TER/HYSTEROSALPI	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76830	US TRANSVAGINAL	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	82670	ASSAY OF TOTAL ESTRADIOL	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84146	ASSAY OF PROLACTIN	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83036	HEMOGLOBIN GLYCOSYLATED A1C	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83002	GONADOTROPIN LUTEINIZING HORMONE	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	74740	HYSTEROSALPINGOGRAPHY RS&I	Approved	
SKAI_BLUE	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84144	ASSAY OF PROGESTERONE	Approved	

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ASEPSE	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z93.2	ILEOSTOMY STATUS	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31237	NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	Partially Denied	
BAAA	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31254	NASAL/SINUS NDSC W/PARTIAL ETH-MOIDECTOMY	Partially Denied	
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	Met Medical Necessity Criteria

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ASEPSE	Outpatient	S76.011D	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I95.89	OTHER HYPOTENSION	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I95.89	OTHER HYPOTENSION	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	I95.89	OTHER HYPOTENSION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	K71.9	TOXIC LIVER DISEASE, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I21.02	STEMI INVOLVING LEFT ANT DESCENDING COR ARTERY	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	I21.02	STEMI INVOLVING LEFT ANT DESCENDING COR ARTERY	G0152	Hhcp-serv of ot,ea 15 min	Approved	
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H93.293	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
FEP	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9380	Inj teclistamab cqyv 0.5 mg	Approved	
MEDICAREADV	Outpatient	S32.009A	UNSP FX UNSP LUMBAR VERTEBRA INIT FOR CLOS FX	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.89	OTH RHEU ARTHRITIS W RHEU FACTOR MULT SITE	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77470	SPECIAL TREATMENT PROCEDURE	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
SKAI_BLUE	Inpatient	S32.049A	UNSP FX FOURTH LUMBAR VERTEBRA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	D06.9	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S52.125A	NDSP FX OF HEAD OF LEFT RADIUS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M89.8X9	OTHER SPECIFIED DISORDERS OF BONE USP SITE	62146	CRANIOPLASTY W/AUTOGRAFT <5 CM DIAMETER	Approved	
ASEPSE	Outpatient	R52	PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0129	Abatacept injection	Approved	
ASEPSE	Outpatient	J04.10	ACUTE TRACHEITIS WITHOUT OBSTRUCTION	S9131	Pt in the home per diem	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	Q5001	Hospice or home hlth in home	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97026	APPLICATION MODALITY 1/> AREAS INFRARED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	
BAAA	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22856	TOTAL DISC ARTHRP ANT SINGLE INTER-SPACE CERVICAL	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection, onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.519	PAIN IN UNSPECIFIED SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
OCTAVE	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	Approved	
OCTAVE	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	Approved	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	64901	NERVE GRAFT EACH NERVE 1 STRAND	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	G54.0	BRACHIAL PLEXUS DISORDERS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	C44.201	UNSP MALIG NEOP SKIN/UNSP EAR & EXT AURIC CANAL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	E85.1	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	J0225	Inj, vutrisiran, 1 mg	Approved	
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	B4081	Enteral ng tubing w/ stylet	Approved	
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	B4035	Enteral feed supp pump per d	Approved	
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	B4160	Ef ped caloric dense>/=0.7kc	Approved	
ASEPSE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	B9002	Enter nutr inf pump any type	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N94.12	DEEP DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M67.80	OTH DISRD OF SYNOVIUM AND TENDON USP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	E66.9	OBESITY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	M21.41	FLAT FOOT [PES PLANUS] (ACQUIRED), RIGHT FOOT	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	Q79.62	HYPERMOBILE EHLERS-DANLOS SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7328	Gelsyn-3 injection 0.1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	G0283	Elec stim other than wound	Partially Denied	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5260	Hearing aid, digit, bin, ite	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43335	RPR PARAESOPH HIATAL HERNIA W/ THORCOM W/MESH	Approved	
BAAA	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Pharmacy Benefit Drug	G43.011	MIGRAINE WITHOUT AURA INTRACT WITH STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Administrative Approval
ASEPSE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Administrative Approval
ASEPSE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Administrative Approval
ASEPSE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
ASEPSE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Administrative Approval
ASEPSE	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Outpatient	M25.631	STIFFNESS OF RIGHT WRIST NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	Z96.612	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z71.2	PRS CONSULTING FOR EXPLANA OF EXAM OR TEST FIND	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S86.112D	STR MUSC/TEND POST GRP AT LOW LEG LEV L LEG SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
ASEPSE	Outpatient	Q82.0	HEREDITARY LYMPHEDEMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	K59.81	OGILVIE SYNDROME	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Denied	P2P Denied
SKAI_BLUE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ARSTATEPOLICE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	29914	ARTHROSCOPY HIP W/FEMOROPLASTY	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	Approved	Met Medical Necessity Criteria
ARSTATEPOLICE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G12.9	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

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SKAI_BLUE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M12.562	TRAUMATIC ARTHROPATHY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	Z87.81	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	32100	THORACOTOMY WITH EXPLORATION	Approved	
OCTAVE	Inpatient	Z87.81	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	Approved	
OCTAVE	Inpatient	Z87.81	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
OCTAVE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

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MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S52.571A	OTH INTARTIC FX LOWER END OF RIGHT RADIUS INIT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E65	LOCALIZED ADIPOSITY	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	
ASEPSE	Outpatient	E65	LOCALIZED ADIPOSITY	15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	Approved	
SKAI_BLUE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97035	APPL MODALITY 1+ AREAS ULTRA-SOUND EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J3262	Tocilizumab injection	Approved	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	

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ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
SKAI_BLUE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	
SKAI_BLUE	Inpatient	K62.3	RECTAL PROLAPSE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	
ASEPSE	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7326	Gel-one	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S49.91XD	UNSP INJURY OF RIGHT SHLD AND UPPER ARM SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M80.051A	AGE-REL OSTEOPOR W CRNT PATH FX RIGHT FEMUR INIT	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	P2P Approved
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	P2P Approved
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	P2P Approved
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	P2P Approved
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	D89.810	ACUTE GRAFT-VERSUS-HOST DISEASE	G0294	Non-cov proc, clinical trial	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1INTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TO 1INTRSPC EACH ADDITIONAL	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C91.40	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMIS	J9065	Inj cladribine per 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	S9131	Pt in the home per diem	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J3489	Zoledronic acid 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Outpatient	K74.3	PRIMARY BILIARY CIRRHOSIS	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	S42.331D	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THD	G0151	Hhcp-serv of pt,ea 15 min	Denied	
ASEPSE	Outpatient	S42.331D	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THD	G0152	Hhcp-serv of ot,ea 15 min	Denied	
ASEPSE	Outpatient	S42.331D	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THD	G0299	Hhs/hospice of rn ea 15 min	Denied	
SKAI_BLUE	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F80.81	CHILDHOOD ONSET FLUENCY DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ABCBS	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5247	Hearing aid, prog, mon, bte	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I63.239	CEREB INFRC D/T USP OCCLS OR STE-NOS USP CRTD ART	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	C10.9	MALIGNANT NEOPLASM OF OROPHAR-YNX, UNSPECIFIED	S9127	Social work visit, in the ho	Denied	
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.51	BURSITIS OF RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.51	BURSITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	N18.5	CHRONIC KIDNEY DISEASE, STAGE 5	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENER-VATION	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
FEP	Medical Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	J3490	Drugs unclassified injection	Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU-LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31254	NASAL/SINUS NDSC W/PARTIAL ETH-MOIDECTOMY	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30140	SUBMUCOUS RESCJ INFERIOR TURBI-NATE PRTL/COMPL	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	31256	NASAL/SINUS ENDOSCOPY W/MAXIL-LARY ANTROSTOMY	Approved	
BAAA	Inpatient	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Q5005	Hospice, inpatient hospital	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	54522	ORCHIECTOMY PARTIAL	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	56800	PLASTIC REPAIR INTROITUS	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	56805	CLITOROPLASTY INTERSEX STATE	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	55150	RESECTION SCROTUM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	54125	AMPUTATION PENIS COMPLETE	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	57292	CONSTRUCTION ARTIFICIAL VAGINA W/ GRAFT	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	Approved	
SKAI_BLUE	Inpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	22836	ANT THORACIC VRT BODY TETHERING <7 VRT SEGMENTS	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D80.6	ANTB DEFIC W NEAR-NRM IMMUNOGLOB/W HYPIMGLOBNMIA	J1561	Gamunex-c/gammaked	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimilar 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	M50.321	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M50.321	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M50.321	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
HA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	R09.89	OTH SYMP&SIGNS INVOLVING THE CIRC&RESP SYSTEMS	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.5	UNSPECIFIED SENSORINEURAL HEARING LOSS	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
BAAA	Inpatient	S52.571B	OTH INTART FX LO END R RAD INI FOR OPN FX TP I/2	25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	Approved	
BAAA	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	Approved	
BAAA	Inpatient	G91.9	HYDROCEPHALUS, UNSPECIFIED	61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	M80.08XA	AGE-REL OSTEOPOR W CURRENT PATH FX VERTEBRA INIT	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	I07.1	RHEUMATIC TRICUSPID INSUFFICIENCY	0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
EXCHNG	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERITONEAL-PLEURAL TERMINUS	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	G0151	Hhpc-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	

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SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D37.9	NEOP OF UNCERTAIN BEHAV OF DIGESTIVE ORGAN UNSP	44145	COLECTOMY PRTL W/COLOPROCTOTOMY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J0897	Denosumab injection	Approved	
BAAA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Partially Denied	
BAAA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Partially Denied	
BAAA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Administrative Approval
SKAI_BLUE	Outpatient	Z31.89	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	89261	SPRM ISOL CPLX PREP INSEMINATION/ DX SEMEN ALYS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.89	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Z31.89	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	89260	SPRM ISOL SMPL PREP INSEMINATION/ DX SEMEN ALYS	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	K62.3	RECTAL PROLAPSE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K62.3	RECTAL PROLAPSE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&OVARIES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Approved	
SKAI_BLUE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	

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SKAI_BLUE	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	M25.632	STIFFNESS OF LEFT WRIST NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G93.32	MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.622	STIFFNESS OF LEFT ELBOW NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.692A	OTH FX LOWER END OF LEFT ULNA INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	Administrative Approval
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	P2P Reconsideration
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	P2P Reconsideration
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
SKAI_BLUE	Inpatient	R25.2	CRAMP AND SPASM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
MEDICAREADV	Pharmacy Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	S22.32XG	FX ONE RIB LEFT SIDE SUBS FOR FX W DELAY HEAL	21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S22.32XG	FX ONE RIB LEFT SIDE SUBS FOR FX W DELAY HEAL	21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	S22.32XG	FX ONE RIB LEFT SIDE SUBS FOR FX W DELAY HEAL	21899	UNLISTED PROCEDURE NECK/THORAX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	Approved	
ABCBS	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	H47099	OTH DISORDERS OF OPTIC NERVE, NEC, UNSP EYE	J3241	Inj. teprotumumab-trbw 10 mg	Approved	
ABCBS	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Approved	
MEDICAREADV	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
BAAA	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	Administrative Approval
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G62.9	POLYNEUROPATHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	Approved	
SKAI_BLUE	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
BAAA	Inpatient	Q78.0	OSTEOGENESIS IMPERFECTA	20680	REMOVAL IMPLANT DEEP	Approved	
BAAA	Inpatient	Q78.0	OSTEOGENESIS IMPERFECTA	27236	OPTX FEM FX PROX END NCK INT FIXJ/ PROSTC RPLCMT	Approved	
BAAA	Inpatient	Q78.0	OSTEOGENESIS IMPERFECTA	27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	Approved	
FEP	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Administrative Approval
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
MEDICAREADV	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	Approved	
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	S2900	Robotic surgical system	Approved	
SKAI_BLUE	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.8X2A	SPRAIN OF OTH SPECIFIED PARTS OF LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.85	DYSFUNCTION OF MULTIFIDUS MUSCLES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M46.92	UNSPECIFIED INFLAMMATORY SPOND CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M46.92	UNSPECIFIED INFLAMMATORY SPOND CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47814	SPONDYLS W/O MYELPATH OR RADICULOPATHY THOR RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
BAAA	Inpatient	I49.9	CARDIAC ARRHYTHMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	G31.84	MILD COGN IMPAIRMENT UNCERTAIN/ UNKNOWN ETIOLOGY	J0174	Inj, lecanemab-irmb, 1 mg	Approved	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	A6550	Neg pres wound ther drsg set	Denied	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	E2402	Neg press wound therapy pump	Denied	

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FEP	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	Approved	
FEP	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	77012	CT GUIDANCE NEEDLE PLACEMENT	Approved	
FEP	Outpatient	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Approved	
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	Q5106	Inj retacrit non-esrd use	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
HA	Outpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9026	Inj, tarlatamab-dlle, 1 mg	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	
HA	Medical Benefit Drug	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2545	Pentamidine non-comp unit	Approved	
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
SKAI_BLUE	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z98.1	ARTHRODESIS STATUS	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J1190	Dexrazoxane hcl injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9190	Fluorouracil injection	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.89	OTHER DORSALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	N81.6	RECTOCELE	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	
OCTAVE	Inpatient	N81.6	RECTOCELE	52000	CYSTOURETHROSCOPY	Approved	
OCTAVE	Inpatient	N81.6	RECTOCELE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	23405	TENOTOMY SHOULDER AREA 1 TENDON	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	64713	NEURP MAJOR PRPH NRV OPN ARM/ LEG BRACH PLEXUS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21615	EXCISION 1ST &/CERVICAL RIB	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J1569	Gammagard liquid injection	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9131	Pt in the home per diem	Approved	
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9122	Home health aide or certifie	Approved	
BAAA	Outpatient	G72.81	CRITICAL ILLNESS MYOPATHY	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	
ASEPSE	Outpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N80.03	ADENOMYOSIS OF THE UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Q5001	Hospice or home hlth in home	Approved	
MEDICAREADV	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
BAAA	Outpatient	J96.20	AC & CHR RESP FAIL UNSP W HYPOXIA OR HYPERCAPNIA	E0466	Home vent non-invasive inter	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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BAAA	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L73.2	HIDRADENITIS SUPPURATIVA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
BAAA	Inpatient	Z98.1	ARTHRODESIS STATUS	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	
ASEPSE	Outpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	52000	CYSTOURETHROSCOPY	Partially Denied	
SKAI_BLUE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	Partially Denied	
ASEPSE	Outpatient	M25.641	STIFFNESS OF RIGHT HAND NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Approved	
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41130	GLOSSECTOMY HEMIGLOSSECTOMY	Approved	
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMLPX RPR	Approved	
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C06.9	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	Approved	
BAAA	Outpatient	C25.1	MALIGNANT NEOPLASM OF BODY OF PANCREAS	0211U	ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C25.1	MALIGNANT NEOPLASM OF BODY OF PANCREAS	88342	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C25.1	MALIGNANT NEOPLASM OF BODY OF PANCREAS	88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	C25.1	MALIGNANT NEOPLASM OF BODY OF PANCREAS	88360	M/PHMTRC ALYSTUMOR IMHCHEM EA ANTIBODY MANUAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
MEDICAREADV	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.8	OTHER SLEEP DISORDERS	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	

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EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	B4034	Enter feed supkit syr by day	Approved	
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	B4152	Ef calorie dense>/=1.5kcal	Approved	
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	B4087	Gastro/jejuno tube, std	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Outpatient	E85.9	AMYLOIDOSIS, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	S16.1XXD	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
OCTAVE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

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ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	Approved	
BAAA	Inpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	
BAAA	Inpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Approved	
BAAA	Inpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	29880	ARTHRS KNEE SURG MENISCECTOMY MED&LAT W/SHAVING	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ARSTATEPOLICE	Outpatient	M66.242	SPN RUPTURE OF EXTENSOR TENDONS LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Medical Benefit Drug	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	J2820	Sargramostim injection	Approved	
SKAI_BLUE	Inpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	G0283	Elec stim other than wound	Partially Denied	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G12.9	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	J3399	Inj onase abepar-xioi treat	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	O70.22	3RD DEGREE PERINEAL LAC DURING DELIVERY IIIB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D83.1	COM VARIAB IMMUNODEF W PREDOM IMMUNOREG T-CL DIS	J1568	Octagam injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
FEP	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	M61.00	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED SITE	61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E1007	Pwr seat combo w/shear	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2613	Position back cush wd <22in	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E1012	Ctr mount pwr elev leg rest	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0952	Toe loop/holder, each	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2301	Pwr standing	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2605	Position wc cush wdth <22 in	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2363	Gr24 sealed leadacid battery	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	K0108	W/c component-accessory nos	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0953	W/c lateral thigh/knee sup	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0956	W/c lateral trunk/hip suppor	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2313	Pwc harness, expand control	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2604	Skin protect wc cus wd>=22in	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2298	Pwr seat elev sys for crt	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0950	Tray	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0960	W/c shoulder harness/straps	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	K0884	Pwc gp4 std mult pow opt s/b	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E1028	W/c manual swingaway	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2311	Electro connect btw 2 sys	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0955	Cushioned headrest	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E2377	Expandable controller, initl	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0957	W/c medial thigh support	Approved	
BAAA	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	E0951	Loop heel	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/ TRICORT SEP INC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	Z48.24	ECTR FOR AFTERCARE FOLLOWING LUNG TRANSPLANT	J1568	Octagam injection	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0588	Incobotulinumtoxin a	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&OVARIES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Inpatient	Q21.23	COMPLETE ATRIOVENTRICULAR SEPTAL DEFECT	33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	

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ASEPSE	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY-NEUROPATHY	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C56.3	MALIGNANT NEOPLASM OF BILATERAL OVARIES	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	J1071	Inj testosterone cypionate	Approved	
ARSTATEPOLICE	Outpatient	R39.16	STRAINING TO VOID	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	Z94.84	STEM CELLS TRANSPLANT STATUS	Q5101	Injection, zarxio	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S93.401D	SPRAIN OF USP LIGAMENT OF RIGHT ANKLE SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Q21.3	TETRALOGY OF FALLOT	33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.08	RHEU ARTHRITIS WITHOUT RHEU FACTOR VERTEBRAE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.08	RHEU ARTHRITIS WITHOUT RHEU FACTOR VERTEBRAE	J0129	Abatacept injection	Approved	

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BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	J35.03	CHRONIC TONSILLITIS AND ADENOIDITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J35.03	CHRONIC TONSILLITIS AND ADENOIDITIS	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Partially Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Denied	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M51.361	OT INTVRT DISC DEGEN LUM RGN W LOW XTR PAIN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.521A	SPRAIN OF POS CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	S32.009A	UNSP FX UNSP LUMBAR VERTEBRA INIT FOR CLOS FX	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	Approved	
SKAI_BLUE	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Approved	
SKAI_BLUE	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21196	RCNSTJ MNDBLR RAMI&BDY SGLT SPLT W/INT RGD FI	Approved	
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	G0151	Hhpc-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	G0299	Hhs/hospice of rn ea 15 min	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G24.3	SPASMODIC TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	H2001	Rehabilitation program 1/2 d	Approved	
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30465	REPAIR NASAL VESTIBULAR STENOSIS	Approved	

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SKAI_BLUE	Outpatient	J34.89	OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	
HA	Medical Benefit Drug	K31.84	GASTROPARESIS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	K31.84	GASTROPARESIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	K31.84	GASTROPARESIS	43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.32	SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Q21.3	TETRALOGY OF FALLOT	33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Approved	
SKAI_BLUE	Inpatient	Q21.3	TETRALOGY OF FALLOT	93563	NJX DRG CGEN C-CATHJ SLCTV CORONARY ANGRPH S&I	Approved	
ASEPSE	Outpatient	K59.00	CONSTIPATION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M94.0	CHONDROCALYX SYNDROME [TIETZE]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58925	OVARIAN CYSTECTOMY UNI/BI	Approved	
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
BAAA	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
SKAI_BLUE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S42.291D	OT DSP FX OF UP END R HMRS SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M76.72	PERONEAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N83.519	TORSION OF OVARY AND OVARIAN PEDICLE UNSP SIDE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	N83.519	TORSION OF OVARY AND OVARIAN PEDICLE UNSP SIDE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J0885	Epoetin alfa, non-esrd	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ABCBS	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	V89.2XXD	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	Approved	
ASEPSE	Outpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Outpatient	D57.03	HB-SS DISEASE WITH CEREBRAL VASCULAR INVOLVEMENT	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I83.10	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INF	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
MEDICAREADV	Outpatient	Z85.46	PERSONAL HISTORY OF MALIG NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Administrative Approval
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	Administrative Approval
ABCBS	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	Approved	Administrative Approval
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	D46.9	MYELODYSPASTIC SYNDROME, UNSPECIFIED	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria

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ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	D72.818	OTHER DECREASED WHITE BLOOD CELL COUNT	Q5101	Injection, zarxio	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERO CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
FEP	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J1453	Fosaprepitant injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9181	Etoposide injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
FEP	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G99.2	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	S72.342A	DSP SPIRAL FRACTURE SHAFT OF LEFT FEMUR INIT	26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	Approved	Administrative Approval
ASEPSE	Inpatient	S72.342A	DSP SPIRAL FRACTURE SHAFT OF LEFT FEMUR INIT	13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	Approved	Administrative Approval
EXCHNG	Medical Benefit Drug	K50.911	CROHN DISEASE UNSPECIFIED WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	55175	SCROTOPLASTY SIMPLE	Approved	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Inpatient	D48.111	DESMOID TUMOR OF CHEST WALL	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	C82.90	FOLLICULAR LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	J9056	Inj, bendamustine, 1 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C82.90	FOLLICULAR LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42890	LIMITED PHARYNGECTOMY	Approved	
BAAA	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	42842	RADICAL RESECTION TONSIL W/O CLOSURE	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	S86.811D	STR MUSC/TEND AT LOWER LEG LEVEL RIGHT LEG SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.201D	UNSP FX UP END OF R HMRS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.814	ECT FOR SRG AFTCR FOL SRG ON TEETH OR ORAL CAV	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPENDLECTOMY	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	H90.8	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS USP	69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Denied	
ASEPSE	Outpatient	H90.8	MIXED CONDUCTIVE AND SENSORINEURAL HEAR LOSS USP	L8690	Aud osseo dev, int/ext comp	Denied	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
EXCHNG	Inpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	Approved	
EXCHNG	Inpatient	M94.261	CHONDROMALACIA, RIGHT KNEE	29877	ARTHRS KNEE SURG DEBRIDEMENT/ SHVG ARTCLR CRTLG	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	Approved	
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	41116	EXCISION LESION FLOOR MOUTH	Approved	
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	C04.8	MALIG NEOP OF OVERLAPPING SITE OF FLOOR OF MOUTH	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	

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ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNT	H2001	Rehabilitation program 1/2 d	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	49592	RPR AA HERNIA 1ST < 3 CM NCRC8/ STRANGULATED	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	Approved	
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	V49.40XA	DRIVER INJURED IN COL W UNSP MV IN TRAF INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
SKAI_BLUE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	95714	VEEG BY TECH EA INCR 12-26 HR UN-MONITORED	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	
BAAA	Medical Benefit Drug	C67.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	J9177	Inj enfort vedo-ejfv 0.25mg	Approved	
BAAA	Medical Benefit Drug	C67.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	J9271	Inj pembrolizumab	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	

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ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0151	Hhch-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	G0152	Hhch-serv of ot,ea 15 min	Approved	
ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	Q5110	Nivestym	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96413	CHEMOTX ADMN IV NFS TO UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Approved	
ABCBS	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.818	OTHER SYMP AND SIGNS INVOLVING THE NERVOUS SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	Administrative Approval
SKAI_BLUE	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	Approved	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	Approved	
BAAA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.131E	DISP FX OF MED CONDYLE OF R TIBIA, 7THE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R45.851	SUICIDAL IDEATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M76.31	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J1323	Inj, elranatamab-bcmm, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H43.393	OTHER VITREOUS OPACITIES, BILATERAL	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Medical Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J1323	Inj, elranatamab-bcmm, 1 mg	Approved	
BAAA	Inpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	55867	LAPS SURG PRSTBECT SMPL STOT ROBOTIC ASSISTANCE	Approved	
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	R07.89	OTHER CHEST PAIN	43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
SKAI_BLUE	Outpatient	C85.80	OTH TYPES OF NON-HODGKIN LYMPHOMA USP SITE	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M50.30	OTHER CERV DISC DEGENERATION UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85610	PROTHROMBIN TIME	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85305	CLOTTING INHIBITORS PROTEIN S TOTAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	85306	CLOTTING INHIBITORS PROTEIN S FREE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	Approved	
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	
SKAI_BLUE	Outpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	
MEDICAREADV	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
ASEPSE	Outpatient	J38.3	OTHER DISEASES OF VOCAL CORDS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5255	Hearing aid, digit, mon, itc	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
BAAA	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
EXCHNG	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Partially Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7324	Orthovisc inj per dose	Approved	
SKAI_BLUE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	Approved	
SKAI_BLUE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Approved	
SKAI_BLUE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34718	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0152	Hhcp-serv of ot,ea 15 min	Approved	
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	K0800	Pov group 1 std up to 300lbs	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
BAAA	Medical Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z39.2	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	E1399	Durable medical equipment mi	Denied	
ASEPSE	Outpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	E0637	Combination sit to stand sys	Denied	
ASEPSE	Outpatient	R15.9	FULL INCONTINENCE OF FECES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
ASEPSE	Outpatient	M51.34	OTHER INTVRT DISC DEGENERATION THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	S9126	Hospice care, in the home, p	Approved	
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22830	EXPLORATION SPINAL FUSION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
OCTAVE	Inpatient	D21.9	BENIGN NEOP OF CONN AND OTHER SOFT TISSUE UNSP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C31.9	MALIGNANT NEOPLASM OF ACCESSORY SINUS USP	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
EXCHNG	Inpatient	C31.9	MALIGNANT NEOPLASM OF ACCESSORY SINUS USP	61500	CRANIECTOMY W/EXCISION TUMOR/ LESION SKULL	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	79101	RP THERAPY INTRAVENOUS ADMINIS- TRATION	Approved	
FEP	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	A9607	Lutetium lu 177 vipivotide	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT RE- PLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
FEP	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T84.498A	MECH COMPL OF INT ORTH DEV IM- PLNT AND GRAFTS INI	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	Approved	
BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49000	EXPLORATORY LAPAROTOMY CELIOTO- MY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
FEP	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDI- NAL GASTRECTOMY	Approved	Meets Primary Coverage Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR- RENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Inpatient	G40.804	OTHER EPILEPSY INTRACTABLE WITH- OUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ASEPSE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
FEP	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ARSTATEPOLICE	Inpatient	M22.11	RECURRENT SUBLUXATION OF PATELLA, RIGHT KNEE	27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	E85.9	AMYLOIDOSIS, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
BAAA	Inpatient	N35.813	OTHER MEMBRANOUS URETHRAL STRICTURE, MALE	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	S9126	Hospice care, in the home, p	Approved	
ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	H2001	Rehabilitation program 1/2 d	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ARSTATEPOLICE	Outpatient	G56.11	OTHER LESIONS OF MEDIAN NERVE, RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	Z48.00	ECTR FOR CHANGE OR RMVL OF NON-SURG WND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	K22.4	DYSKINESIA OF ESOPHAGUS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	
ASEPSE	Inpatient	G40.019	LOC-REL IDI EPI W SEZ LOC ONS NTRCT W/O STAT EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M43.6	TORTICOLLIS	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE- RIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HAR- VEST VEIN CABG	Approved	
SKAI_BLUE	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENER- VATION	Approved	
BAAA	Medical Benefit Drug	C50.311	MALIG NEOPLM OF LOW-INNER Q OF RIGHT FEM BREAST	Q5108	Injection, fulphila	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECI- FIED OVARY	J9063	Inj, elahere, 1 mg	Approved	
BAAA	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECI- FIED OVARY	J1453	Fosaprepitant injection	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	S72.90XK	UNSP FX UNSP FEMUR SUBS FOR CLOS FX W NONUNION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	Approved	
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
FEP	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Doesn't Meet Primary Coverage Criteria
FEP	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Doesn't Meet Primary Coverage Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	D46.1	REFRACTORY ANEMIA WITH RING SIDEROBLASTS	J0896	Inj luspaterecept-aamt 0.25mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	B9002	Enter nutr inf pump any type	Approved	
MEDICAREADV	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	S43.432A	SUPERIOR GLENOID LABRUM LESION OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
SKAI_BLUE	Outpatient	R48.8	OTHER SYMBOLIC DYSFUNCTIONS	92609	THER SP-GENRATJ DEV PRGRMG&MOD-IFICAJ	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	R48.8	OTHER SYMBOLIC DYSFUNCTIONS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M95.4	ACQUIRED DEFORMITY OF CHEST AND RIB	32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	Approved	
EXCHNG	Inpatient	M95.4	ACQUIRED DEFORMITY OF CHEST AND RIB	32100	THORACOTOMY WITH EXPLORATION	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	Q07.9	CONGENITAL MALFORM OF NERVOUS SYSTEM UNSPECIFIED	B4161	Ef ped hydrolyzed/amino acid	Approved	
ASEPSE	Outpatient	Q07.9	CONGENITAL MALFORM OF NERVOUS SYSTEM UNSPECIFIED	B4034	Enter feed supkit syr by day	Approved	
ASEPSE	Outpatient	Q07.9	CONGENITAL MALFORM OF NERVOUS SYSTEM UNSPECIFIED	B4155	Ef incomplete/modular	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	
OCTAVE	Inpatient	K57.30	DVRTCLOS OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Z93.0	TRACHEOSTOMY STATUS	95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R57.1	HYPOVOLEMIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	
EXCHNG	Inpatient	C51.9	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	56632	VULVECTOMY RAD PRTL BI INGUINFEM LMPHADECTOMY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	K51.511	LEFT SIDED COLITIS WITH RECTAL BLEEDING	J1628	Inj., guselkumab, 1 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K51.511	LEFT SIDED COLITIS WITH RECTAL BLEEDING	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
SKAI_BLUE	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
SKAI_BLUE	Inpatient	E16.1	OTHER HYPOGLYCEMIA	J3490	Drugs unclassified injection	Approved	
SKAI_BLUE	Inpatient	E16.1	OTHER HYPOGLYCEMIA	J8499	Oral prescrip drug non chemo	Approved	
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44626	CLSR NTRSTM LG/SM RESCJ & COL- ORECTAL ANASTOMOSIS	Approved	
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	S9128	Speech therapy, in the home,	Approved	
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	S9129	Occupational therapy, in the	Approved	
OCTAVE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M51.372	OT INTVRT DSC DEGEN LUMBOSAC DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	M86.072	AC HEMATOGENOUS OSTEOMYELIT LEFT ANKLE AND FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N49.3	FOURNIER GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ARSTATEPOLICE	Outpatient	S83.411A	SPRAIN OF MED COLLAT LIGAMENT OF RIGHT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	L3000	Ft insert ucb berkeley shell	Approved	
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Approved	
ASEPSE	Inpatient	C65.1	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C65.1	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
BAAA	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M71.129	OTHER INFECTIVE BURSTITIS, UNSPECIFIED ELBOW	24105	EXCISION OLECRANON BURSA	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M71.129	OTHER INFECTIVE BURSTITIS, UNSPECIFIED ELBOW	23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R25.9	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Approved	
MEDICAREADV	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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EXCHNG	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9260	Inj methotrexate sodium 50mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9039	Injection, blinatumomab	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33465	REPLACEMENT TRICUSPID VALVE W/ CARD BYPASS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/ PROSTC RING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33475	REPLACEMENT PULMONARY VALVE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33427	VLVP MITRAL VALVE W/BYPASS RAD RCN-STJ W/WO RING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33464	VALVULOPLASTY TRICUSPID VALVE W/ RING INSERTION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I37.1	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K08.89	OTHER DIS OF TEETH AND SUPPORTING STRUCTURES	31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	Approved	Met Medical Necessity Criteria
FEP	Inpatient	K08.89	OTHER DIS OF TEETH AND SUPPORTING STRUCTURES	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Approved	Met Medical Necessity Criteria

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FEP	Inpatient	K08.89	OTHER DIS OF TEETH AND SUPPORTING STRUCTURES	10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	M25.69	STIFFNESS OF OTHER SPECIFIED JOINT, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C20	MALIGNANT NEOPLASM OF RECTUM	Q5107	Inj mvasi 10 mg	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5140	Behind ear binaur hearing ai	Denied	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	H81.20	VESTIBULAR NEURONITIS, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.112	MALIG NEOP OF CENTRAL PORTION OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22830	EXPLORATION SPINAL FUSION	Approved	
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Denied	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Denied	Administrative: Insufficient Information
SKAI_BLUE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Approved	
SKAI_BLUE	Outpatient	R84.0	AB LEVEL OF ENZYMES IN SPECMN FROM RESP ORG/THRX	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	
FEP	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
FEP	Outpatient	H90.A31	MIX CND/SNRL HEAR LS,UNI,R EAR W RSTR HEAR CNTRA	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	H90.A31	MIX CND/SNRL HEAR LS,UNI,R EAR W RSTR HEAR CNTRA	V5181	Hearing aid monaural bte	Approved	
BAAA	Inpatient	D37.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J9041	Injection, bortezomib, 0.1mg	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D70.9	NEUTROPENIA, UNSPECIFIED	Q5110	Nivestym	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	K03.6	DEPOSITS [ACCRETIONS] ON TEETH	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Partially Denied	
SKAI_BLUE	Outpatient	K03.6	DEPOSITS [ACCRETIONS] ON TEETH	170	ANESTHESIA INTRAORAL PX WITH BIOPSY NOS	Partially Denied	
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	S9131	Pt in the home per diem	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Partially Denied	
SKAI_BLUE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Partially Denied	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
SKAI_BLUE	Inpatient	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	23470	ARTHROPLASTY GLENOHUMRL JT HEMI-ARTHROPLASTY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Q5122	Inj, nyvepria	Approved	
SKAI_BLUE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N20.0	CALCULUS OF KIDNEY	52356	CYSTO/URETERO W/LITHOTRIPSY & IN-DWELL STENT INSRT	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	

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BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	T81.30XD	DISRUPTION OF WOUND USP SUBSEQUENT ENCOUNTER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H43.393	OTHER VITREOUS OPACITIES, BILATERAL	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.102A	UNSP FX UPPER END OF LEFT TIBIA INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	T84.019A	BROKEN INTERNAL JOINT PROSTHESIS UNSP SITE INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M67979	UNSP DIS OF SYNOVIUM AND TND UNSP ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Approved	
OCTAVE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	
OCTAVE	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	

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ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	S82.891D	OTH FX R LOW LEG SUBS FOR CLOS FX W ROUN HEAL	27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESCJ INFERIOR TURBinate PRTL/COMPL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	47600	CHOLECYSTECTOMY	Approved	
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
MEDICAREADV	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEUJUNOSTOMY	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	27096	INJECT SI JOINT ARTHRGRPHY&/ANES/ STEROID W/IMA	Approved	
EXCHNG	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
SKAI_BLUE	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	S82.301K	USP FX LO END OF RTIB SB FOR CLOS FX W NONUNION	27724	RPR NON/MAL TIBIA W/LIAC/OTH AGRFT	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	
HA	Inpatient	N83.8	OT NONINFLAMMATORY DIS OVARY FALLOP&BROAD LIGMT	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.652	PAIN IN LEFT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S92.111D	DISP FX OF NK OF R TALUS SUBS FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	K0800	Pov group 1 std up to 300lbs	Approved	
HA	Inpatient	K62.3	RECTAL PROLAPSE	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	
HA	Inpatient	K62.3	RECTAL PROLAPSE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
HA	Inpatient	K62.3	RECTAL PROLAPSE	44141	COLECTOMY PRTL W/SKIN LEVEL CE-COST/COLOSTOMY	Approved	
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	

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ASEPSE	Outpatient	S63.659A	SPRAIN OF MTCARPHLNGL JT OF USP FINGER INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REJV TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49000	EXPLORATORY LAPAROTOMY CELIOTO-MY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
EXCHNG	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	K56.2	VOLVULUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	K56.2	VOLVULUS	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	J32.0	CHRONIC MAXILLARY SINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Medical Benefit Drug	C23	NUCLEAR MEDICINE, HEART, PET IMAG	J9317	Sacituzumab govitecan-hziy	Approved	
SKAI_BLUE	Medical Benefit Drug	C23	MALIGNANT NEOPLASM OF GALLBLADDER	J9317	Sacituzumab govitecan-hziy	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	T81.43XA	INFCT FOL PROCEDURE, ORG/SPACE SRG SITE, INIT	20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	Approved	
EXCHNG	Inpatient	T81.43XA	INFCT FOL PROCEDURE, ORG/SPACE SRG SITE, INIT	11008	RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
BAAA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Approved	
EXCHNG	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	I65.29	OCCLUSION AND STENOSIS OF USP CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Outpatient	F32.A	DEPRESSION, UNSPECIFIED	S9480	Intensive outpatient psychia	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I77.0	ARTERIOVENOUS FISTULA, ACQUIRED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Approved	
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	S9338	Hit immunotherapy diem	Approved	
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1552	Inj, alyglo, 500 mg	Approved	
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Approved	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng non	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22830	EXPLORATION SPINAL FUSION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	11970	REPLACEMENT TISSUE EXPANDER W/ PERMANENT IMPLANT	Approved	
SKAI_BLUE	Medical Benefit Drug	C74.91	MALIG NEOP OF UNSP PART OF RIGHT ADRENAL GLAND	J2820	Sargramostim injection	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	C7509	Dx bronch w/ navigation	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	

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ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND AB-SCCESS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
SKAI_BLUE	Inpatient	G93.0	CEREBRAL CYSTS	62192	CRTJ SHUNT SARACH/SDRLPRTL-PLEURAL OTH	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
FEP	Inpatient	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREM LEFT LEG	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0589	Inj daxibotulinumtoxina-lanm	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	21452	PERCUTANEOUS TX MANDIBULAR FX W/ EXTERNAL FIXJ	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22830	EXPLORATION SPINAL FUSION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
SKAI_BLUE	Outpatient	E83.52	HYPERCALCEMIA	G0299	Hhs/hospice of rn ea 15 min	Approved	
SKAI_BLUE	Outpatient	E83.52	HYPERCALCEMIA	G0151	Hhpc-serv of pt,ea 15 min	Approved	
SKAI_BLUE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
SKAI_BLUE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	15860	IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	Approved	
SKAI_BLUE	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M86.172	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
HA	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REJV TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
HA	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Approved	
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M50.13	CERV DISC DIS W RADICULOPATHY CERVICOTHOR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S92.324D	NONDISP FX OF 2ND METATARSAL BONE, R FT, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERIT-NEAL-PLEURAL TERMINUS	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G30.1	ALZHEIMER'S DISEASE WITH LATE ONSET	J0174	Inj, lecanemab-irmb, 1 mg	Approved	
SKAI_BLUE	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
MEDICAREADV	Pharmacy Benefit Drug	T78.49XA	OTHER ALLERGY, INITIAL ENCOUNTER	J2357	Omalizumab injection	Approved	
HA	Medical Benefit Drug	K60.30	ANAL FISTULA, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0152	Hhcp-serv of ot,ea 15 min	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	A9513	Lutetium lu 177 dotatat ther	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIB-ULA	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

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MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Denied	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	Approved	
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	Approved	
ABCBS	Inpatient	R22.41	LOC SWELLING MASS AND LUMP RIGHT LOWER LIMB	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	Approved	Administrative Approval
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S96.912D	STRAIN UNSP MS/TN AT ANK/FT LEVEL LEFT FOOT SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4149	Ef blenderized foods	Denied	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4155	Ef incomplete/modular	Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M80.08XA	AGE-REL OSTEOPOR W CURRENT PATH FX VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	29876	ARTHROSCOPY KNEE SURG SYNOVECTOMY MAJ 2/>CMPRT	Approved	Administrative Approval
ASEPSE	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	Administrative Approval
MEDICAREADV	Outpatient	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
MEDICAREADV	Outpatient	M80.00XA	AGE-REL OSTEOPOR W CRNT PATH FX UNSP SITE INIT	22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Approved	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G95.0	SYRINGOMYELIA AND SYRINGOBULBIA	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
BAAA	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J3055	Inj talquetamab-tgvs 0.25 mg	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ARSTATEPOLICE	Outpatient	R39.15	URGENCY OF URINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39401	MEDIASTINOSCOPY INCLUDES MEDIAS-TINAL MASS BIOPSY	Approved	
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	Approved	
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	
SKAI_BLUE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	32674	THORCOSCPY W/MEDIASTINL & RE-GIONL LYMPHDENECTOMY	Approved	
EXCHNG	Inpatient	M06.372	RHEUMATOID NODULE, LEFT ANKLE AND FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M06.372	RHEUMATOID NODULE, LEFT ANKLE AND FOOT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ARSTATEPOLICE	Outpatient	R13.11	DYSPHAGIA, ORAL PHASE	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Partially Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44141	COLECTOMY PRTL W/SKIN LEVEL CE-COST/COLOSTOMY	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
MEDICAREADV	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	E66.09	OTHER OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	
MEDICAREADV	Inpatient	E66.09	OTHER OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R32	UNSPECIFIED URINARY INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23470	ARTHROPLASTY GLENOHUMRL JT HEMI-ARTHROPLASTY	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	Approved	
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Approved	
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	Approved	
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	Approved	
EXCHNG	Inpatient	K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS	46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
BAAA	Inpatient	N83.511	TORSION OF RIGHT OVARY AND OVARIAN PEDICLE	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Outpatient	E04.1	NONTOXIC SINGLE THYROID NODULE	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M13.80	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
BAAA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.659A	SPRAIN OF MTCARPHLNGL JT OF USP FINGER INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S63.659A	SPRAIN OF MTCARPHLNGL JT OF USP FINGER INI	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5117	Inj., kanjinti, 10 mg	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5116	Inj., trazimera, 10 mg	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	Q5103	Injection, inflectra	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
SKAI_BLUE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
BAAA	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Denied	
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	M79.605	PAIN IN LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	E0143	Walker folding wheeled w/o s	Approved	
ASEPSE	Outpatient	M77.8	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4088	Gastro/jejuno tube, low-pro	Approved	
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4034	Enter feed supkit syr by day	Approved	
ARSTATEPOLICE	Outpatient	K90.49	MALABSORPTION D/T INTOLERANCE NEC	B4149	Ef blenderized foods	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.4	SPEECH AND LANGUAGE DEV DELAY DUE TO HEAR LOSS	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	A5056	1 pc ost pouch w filter	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E10.621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	G0300	Hhs/hospice of lpn ea 15 min	Approved	
ASEPSE	Outpatient	E10.621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	F12.20	CANNABIS DEPENDENCE, UNCOMPLICATED	H0018	Alcohol and/or drug services	Approved	
ASEPSE	Outpatient	S46.011A	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Administrative Approval
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	M08.80	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M84.362S	STRESS FRACTURE, LEFT TIBIA, SEQUELA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	62165	NUNDSC ICRA EXC PITUITRY TUM TRNSLS/SPHENOID	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K57.40	DVTRCLI OF BOTH SM&LG INT W PERF&ABSCS W/O BLEED	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
SKAI_BLUE	Inpatient	K57.40	DVTRCLI OF BOTH SM&LG INT W PERF&ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F90.2	ATN-DEFICIT HYPERACT DISORDER COMBINED TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.331D	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THD	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.431D	SUPER GLENOID LABRUM LESION OF RIGHT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	J9381	Inj teplizumab mzwv 5 mcg	Approved	
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Inpatient	C44.329	SQUAMOUS CELL CA OF SKIN OF OTHER PARTS OF FACE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Outpatient	T88.8XXA	OTH COMP OF SURGICAL AND MEDICAL CARE NEC INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	D37.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
HA	Inpatient	H20.9	UNSPECIFIED IRIDOCYCLITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	T18.9XXD	FB OF ALIMENTARY TRACT PART UNSP SUBS ENCNTR	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M95.0	ACQUIRED DEFORMITY OF NOSE	15781	DERMABRASION SEGMENTAL FACE	Approved	
ASEPSE	Outpatient	M95.0	ACQUIRED DEFORMITY OF NOSE	14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	Approved	
ABCBS	Inpatient	I82.422	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	37238	OPEN/PERQ PLACEMENT INTRAVASCU-LAR STENT SAME 1ST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I82.422	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	F51.8	OT SLEEP DISORD NOT D/T A SUB OR KN PHYSIOL COND	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF-FICIENCY	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUF-FICIENCY	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	G0299	Hhs/hospice of m ea 15 min	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G478	OTHER SLEEP DISORDERS	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	

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FEP	Outpatient	G47.8	OTHER SLEEP DISORDERS	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	Z48.01	ECTR FOR CHANGE OR REMOVAL OF SRG WOUND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M99.00	SEGMENTAL AND SOMATIC DYSFUNCTION OF HEAD REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	K65.1	PERITONEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M53.2X6	SPINAL INSTABILITIES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	T81.9XXA	UNSPECIFIED COMPL OF PROCEDURE INITIAL ENCOUNTER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ABCBS	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	J3358	Ustekinumab, iv inject, 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ABCBS	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0596	Injection, ruconest	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	J35.8	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Denied	

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ASEPSE	Outpatient	J35.8	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Denied	
SKAI_BLUE	Inpatient	K63.2	FISTULA OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
HA	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Outpatient	R07.9	CHEST PAIN, UNSPECIFIED	75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81411	AORTIC DYSFUNCTION/DILATION DUP/ DEL ANALYSIS	Denied	
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Denied	
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Denied	
FEP	Outpatient	Z82.41	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	81411	AORTIC DYSFUNCTION/DILATION DUP/ DEL ANALYSIS	Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ARSTATEPOLICE	Outpatient	G98.8	OTHER DISORDERS OF NERVOUS SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiyy, 1 mg	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	S9129	Occupational therapy, in the	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	S9131	Pt in the home per diem	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L30.4	ERYTHEMA INTERTRIGO	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	L30.4	ERYTHEMA INTERTRIGO	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
SKAI_BLUE	Inpatient	R52	PAIN, UNSPECIFIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
HA	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	S62.309A	UNSP FX UNSP METACARPAL BONE INIT FOR CLOS FX	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	S62.309A	UNSP FX UNSP METACARPAL BONE INIT FOR CLOS FX	97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	Approved	
BAAA	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
BAAA	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
BAAA	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	Approved	
BAAA	Inpatient	E66.812	OBESITY, CLASS 2	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	

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ASEPSE	Outpatient	M50.322	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50240	NEPHRECTOMY PARTIAL	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0973	W/ch access det adj armrest	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	K0005	Ultralightweight wheelchair	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0971	Wheelchair anti-tipping devi	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0978	W/c acc,saf belt pelv strap	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	K0037	Hi mount flip-up footrest ea	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E0961	Wheelchair brake extension	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E2607	Skin pro/pos wc cus wd <22in	Approved	
EXCHNG	Outpatient	G82.20	PARAPLEGIA, UNSPECIFIED	E2213	Pneumatic prop tire insert	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89255	PREPJ EMBRYO TR	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89352	THAWING CRYOPRESERVED EMBRYO	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Partially Denied	
SKAI_BLUE	Outpatient	Z31.83	ECTR FOR ASSISTED REPRODCTV FERTILITY PROC CYCLE	58974	EMBRYO TRANSFER INTRAUTERINE	Partially Denied	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EKG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Q21.12	PATENT FORAMEN OVALE	93580	PRQ TCAT CLSR CGEN INTRATRL COMU-NICAJ W/IMPLT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	G43.E11	CHRONIC MIGRAINE W AURA, INTRACTABLE W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Inpatient	N93.8	OTHER SPECIFIED AB UTERINE AND VAGINAL BLEEDING	58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	Approved	Administrative Approval
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	Approved	
SKAI_BLUE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Denied	
ASEPSE	Outpatient	M79.643	PAIN IN UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M86.18	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	F90.1	ATTN-DEFCT HYPERACT DIS PREDOM HYPERACTIVE TYPE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5108	Injection, fulphila	Approved	
ASEPSE	Outpatient	M23.611	OT SPON DISRUPT OF ANT CRUCIATE LIGAMENT OF R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z34.01	ENCNTR FOR SUPV OF NORMAL FIRST PREG FIRST TRI	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	
MEDICAREADV	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	Approved	
BAAA	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S76.001A	UNSP INJ OF MUS FSC ANDTENDON OF RIGHT HIP INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	38240	TRNSPLX ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
OCTAVE	Inpatient	O60.14X0	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI UNSP	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2919	Inj, methylpred sod succ 5mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria

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MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.322	CHR VENOUS HYPERTENSION W INF OF L LOW EXTREM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67900	REPAIR BROW PTOSIS	Approved	
MEDICAREADV	Outpatient	M54.59	OTHER LOW BACK PAIN	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M54.59	OTHER LOW BACK PAIN	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
SKAI_BLUE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
BAAA	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	K20.0	EOSINOPHILIC ESOPHAGITIS	B4160	Ef ped caloric dense>/=0.7kc	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3231	EXDTVE AGE-REL MCLR DEGN BI W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J1100	Dexamethasone sodium phos	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J9223	Inj. lurbinededin, 0.1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.01	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	J2469	Palonosetron hcl	Approved	
FEP	Inpatient	F48.9	NONPSYCHOTIC MENTAL DISORDER, UNSPECIFIED	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S83.231A	CMPLX TEAR OF MEDIAL MENS CRNT INJ R KNEE INIT	H2001	Rehabilitation program 1/2 d	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	C34.31	MALIG NEOPLASM OF LOWER LOBE RIGHT BRONC OR LUNG	Q5110	Nivestym	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
SKAI_BLUE	Inpatient	G03.9	MENINGITIS, UNSPECIFIED	61154	BURR HOLE W/EVAC&DRG HEMATOMA EXTRADURAL/SDRL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M45.7	ANKYLOSING SPONDYLITIS OF LUMBO-SACRAL REGION	J1745	Infliximab not biosimil 10mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
FEP	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Approved	
FEP	Outpatient	H72.02	CENTRAL PERF OF TYMPANIC MEMBRANE LEFT EAR	69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	Approved	
FEP	Outpatient	H72.02	CENTRAL PERF OF TYMPANIC MEMBRANE LEFT EAR	21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	Approved	
ASEPSE	Outpatient	M35.7	HYPERMOBILITY SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.004A	UNSPECIFIED DLOC OF RIGHT SHOULDER JOINT INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ASEPSE	Outpatient	S43.004A	UNSPECIFIED DLOC OF RIGHT SHOULDER JOINT INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Outpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	K0606	Aed garment w elec analysis	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	S42.022D	DSP FX OF SHAFT OF L CLAVIC SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S33.8XXD	SPRAIN OF OTH PARTS OF LUM SPIN & PELV SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S76.011D	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	S9129	Occupational therapy, in the	Denied	
ASEPSE	Outpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	F81.81	DISORDER OF WRITTEN EXPRESSION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	61781	STRCTCT CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J0178	Aflibercept injection	Approved	

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ASEPSE	Outpatient	K56.7	ILEUS, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	63030	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfata 1 mg inj	Approved	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9071	Inj cyclophosphamnd auromedic	Approved	
SKAI_BLUE	Inpatient	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
SKAI_BLUE	Inpatient	K50.018	CROHN DISEASE OF SMALL INT WITH OTHER COMPL	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	E27.8	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5.1-10 CM	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
MEDICAREADV	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	13160	SECONDARY CLOSURE SURG WOUND/DEHNS EXTSV/COMPLIC	Approved	
EXCHNG	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	L02.419	CUTANEOUS ABSCESS OF LIMB, UNSPECIFIED	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Inpatient	T84.012D	BROKEN INTERNAL RIGHT KNEE PROSTH SB ENCOUNTER	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	S83.231D	CMPLX TEAR OF MEDIAL MENS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	Approved	
OCTAVE	Inpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	M79.651	PAIN IN RIGHT THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E05.00	THYROTOX W DIFFUSE GOITER W/O THYROTOXIC CRISIS	60240	THYROIDECTOMY TOTAL/COMPLETE	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
SKAI_BLUE	Inpatient	T84.030A	MECH LOOSENING OF INT RIGHT HIP PROS JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Inpatient	T84.030A	MECH LOOSENING OF INT RIGHT HIP PROS JOINT INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Approved	
SKAI_BLUE	Inpatient	T84.030A	MECH LOOSENING OF INT RIGHT HIP PROS JOINT INIT	20704	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	Approved	

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MEDICAREADV	Outpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	M53.2X6	SPINAL INSTABILITIES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
BAAA	Inpatient	R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	E86.0	DEHYDRATION	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
OCTAVE	Inpatient	E86.0	DEHYDRATION	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
OCTAVE	Inpatient	E86.0	DEHYDRATION	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
OCTAVE	Inpatient	E86.0	DEHYDRATION	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	

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SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J3262	Tocilizumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9185	Fludarabine phosphate inj	Approved	
SKAI_BLUE	Medical Benefit Drug	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	
HA	Outpatient	S52.531A	COLLES FRACTURE OF RIGHT RADIUS INIT FOR CLOS FX	73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	0483T	TMVI W/PROSTHETIC VALVE PERCUTANEOUS APPROACH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	42420	EXC PRDTD TUM/PRTD GLND TOT DS-J&PRSRV FACIAL NR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	K11.8	OTHER DISEASES OF SALIVARY GLANDS	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	Q05.2	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	
ASEPSE	Outpatient	M79.7	FIBROMYALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	
BAAA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Inpatient	G91.2	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERITONEAL-PLEURAL TERMINUS	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N48.6	INDURATION PENIS PLASTICA	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
OCTAVE	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
OCTAVE	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	M79.645	PAIN IN LEFT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
ARSTATEPOLICE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
SKAI_BLUE	Outpatient	M50.323	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Approved	
SKAI_BLUE	Outpatient	M50.323	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	Approved	
ABCBS	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
SKAI_BLUE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	Approved	
SKAI_BLUE	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Approved	
BAAA	Medical Benefit Drug	C82.35	FOLICLAR LYMPH GRADE IIIA NODES OF ING RG&LO LMB	Q5115	Inj truxima 10 mg	Approved	
BAAA	Medical Benefit Drug	C82.35	FOLICLAR LYMPH GRADE IIIA NODES OF ING RG&LO LMB	J9034	Inj., bendeka 1 mg	Approved	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	

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ASEPSE	Outpatient	M25.542	PAIN IN JOINTS OF LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S43.004D	USP DLOC OF RIGHT SHOULDER JOINT SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	
ASEPSE	Outpatient	M21.372	FOOT DROP, LEFT FOOT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	S99.921A	USP INJURY OF RIGHT FOOT INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	N52.9	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Approved	

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ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M84.351D	STRESS FX RIGHT FEMUR SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Inpatient	N85.2	HYPERTROPHY OF UTERUS	52000	CYSTOURETHROSCOPY	Approved	
SKAI_BLUE	Inpatient	N85.2	HYPERTROPHY OF UTERUS	58720	SALPINGO-OOPHORECTOMY COMPL/ PRTL UNI/BI SPX	Approved	
SKAI_BLUE	Outpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	81201	APC GENE ANALYSIS FULL GENE SE- QUENCE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	81203	APC GENE ANALYSIS DUPLICATION/DE- LETION VARIANTS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
HA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR AB- SCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAV- ING ACHIEVE REMIS	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
BAAA	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAV- ING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	I50.9	HEART FAILURE, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	S52.90XA	UNSP FRACTURE OF UNSP FOREARM, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S39.012S	STRAIN MUSCLE FASCIA AND TENDON OF LOWER BACK SQ	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M35.7	HYPERMOBILITY SYNDROME	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	

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FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	S16.1XXD	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37184	PRIM PRQ.TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Approved	
ARSTATEPOLICE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	

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ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ABCBS	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Inpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	S81.801S	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	Z93.2	ILEOSTOMY STATUS	49621	RPR PARASTOMAL HERNIA 1ST/RECR REDUCIBLE	Approved	
MEDICAREADV	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ABCBS	Inpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
FEP	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Approved	
FEP	Outpatient	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	Q22.1	CONGENITAL PULMONARY VALVE STENOSIS	33477	TCAT PULMONARY VALVE IMPLANTATION PRO APPROACH	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
HA	Inpatient	S72.22XA	DISPLACED SUBTROCHNT FRACTURE OF LEFT FEMUR INIT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
BAAA	Inpatient	I67.2	CEREBRAL ATHEROSCLEROSIS	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Inpatient	I61.5	NTRM INTRACEREBRAL HEMORRHAGE INTRAVENTRICULAR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.122A	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Inpatient	R11.15	CYCLICAL VOMITING SYNDROME UNRELATED TO MIGRAINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	T85.9XXA	UNSP COMPL OF INTERNAL PROSTH DEV/GRFT INIT	20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	T85.9XXA	UNSP COMPL OF INTERNAL PROSTH DEV/GRFT INIT	20680	REMOVAL IMPLANT DEEP	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	D61.818	OTHER PANCYTOPENIA	J9100	Cytarabine hcl 100 mg inj	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
FEP	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	29880	ARTHRS KNEE SURG MENISCECTOMY MED&LAT W/SHAVING	Approved	
FEP	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Approved	
ASEPSE	Outpatient	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	15823	BLEPHAROPLASTY UPPER EYELID W/ EXCESSIVE SKIN	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M26.641	ARTHRITIS OF RIGHT TEMPOROMANDIBULAR JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Inpatient	Z76.82	AWAITING ORGAN TRANSPLANT STATUS	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	E11.40	TYPE 2 DIAB MEL WITH DIABETIC NEUROPATHY UNSP	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N94.12	DEEP DYSPAREUNIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M50.20	OTHER CERVICAL DISC DSPM UNSP CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CESAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	S76.311A	STR MSL/FASC/TND POST GRP AT THI LEV R THI INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval

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ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Partially Denied	Administrative Approval
BAAA	Outpatient	M47.812	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
BAAA	Outpatient	M47.812	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	
SKAI_BLUE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	
ABCBS	Medical Benefit Drug	R32	UNSPECIFIED URINARY INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	Approved	

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EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ARSTATEPOLICE	Outpatient	Q79.3	GASTROSCHISIS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	I72.4	ANEURYSM OF ARTERY OF LOWER EXTREMITY	G0151	Hhcp-serv of pt,ea 15 min	Approved	
SKAI_BLUE	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	Approved	
SKAI_BLUE	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	0586T	OPEN ISLET CELL TRANSPLANT	Approved	
ASEPSE	Outpatient	A41.81	SEPSIS DUE TO ENTEROCOCCUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Denied	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.89	OTHER DORSALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
MEDICAREADV	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
ASEPSE	Outpatient	M79.601	PAIN IN RIGHT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	

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ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	
SKAI_BLUE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	
ASEPSE	Outpatient	F79	UNSPECIFIED INTELLECTUAL DISABILITIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
EXCHNG	Inpatient	L02.91	CUTANEOUS ABSCESS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Outpatient	N64.52	NIPPLE DISCHARGE	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
MEDICAREADV	Outpatient	N64.52	NIPPLE DISCHARGE	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Administrative: Not a Covered Benefit
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit
SKAI_BLUE	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.62	ACHILLES TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	R57.0	CARDIOGENIC SHOCK	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Denied	Administrative: Insufficient Information
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	Denied	Administrative: Insufficient Information
FEP	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	S13.4XXD	SPRAIN OF LIGAMENTS OF CERVICAL SPINE SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.323	CHRONIC VENOUS HTN W INF OF BILATERAL LOW EXTRM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPNTNT VEIN	Approved	
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	41130	GLOSSECTOMY HEMIGLOSSECTOMY	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	Approved	
SKAI_BLUE	Inpatient	D16.5	BENIGN NEOPLASM OF LOWER JAW BONE	21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	Met Medical Necessity Criteria
FEP	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	Met Medical Necessity Criteria

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BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9075	Inj, cyclophosphamide, nos	Approved	
HA	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITH- OUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
HA	Medical Benefit Drug	G30.0	ALZHEIMER'S DISEASE WITH EARLY ONSET	J0175	Inj, donanemab-azbt, 2 mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	44970	LAPAROSCOPIC APPECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C25.8	MALIG NEOPLASM OF OVERLAPPING SITES OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2351	Inj ocrelizumab 1mg hya-ocsq	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	96401	CHEMOTX ADMN SUBQ/IM NON-HOR- MONAL ANTI-NEO	Approved	
SKAI_BLUE	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRI- TIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	
MEDICAREADV	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	Z34.83	ECTR FOR SUPRVSN OF NORMAL PRG THIRD TRIMESTER	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY- NEUROPATHY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY- NEUROPATHY	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	E11.42	TYPE 2 DIAB MEL WITH DIABETIC POLY- NEUROPATHY	99600	UNLISTED HOME VISIT SERVICE/PRO- CEDURE	Approved	

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EXCHNG	Outpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
SKAI_BLUE	Inpatient	S01.81XA	LACERATION W/O FB OF OTH PART OF HEAD INIT	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
ASEPSE	Outpatient	H81.12	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K51.219	ULCERATIVE PROCTITIS WITH UNSP COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	N82.3	FISTULA OF VAGINA TO LARGE INTES-TINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Administrative Approval
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Partially Denied	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Partially Denied	
ASEPSE	Outpatient	M67.911	USP DIS OF SYNOVIUM AND TENDON RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36470	INJECTION SCLEROSANT SINGLE INC-MPTNT VEIN	Approved	

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ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Administrative Approval
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Approved	
ASEPSE	Outpatient	Q68.0	CONG DEFORMITY OF STERNOCLEIDOMASTOID MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.644	PAIN IN RIGHT FINGER(S)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Inpatient	T84.012D	BROKEN INTERNAL RIGHT KNEE PROSTH SB ENCOUNTER	27487	REJV TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	S9131	Pt in the home per diem	Approved	

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ASEPSE	Outpatient	R20.9	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C83.10	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	Q2054	Lisocabtagene mara car pos t	Approved	
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
MEDICAREADV	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	

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SKAI_BLUE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Inpatient	I72.8	ANEURYSM OF OTHER SPECIFIED ARTERIES	35506	BYPASS W/VEIN CAROTID-SUBCLV/SUB-CLAVIAN CAROTID	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95805	MLT SLEEP LATENCY/MAINT OF WAKE-FULNESS TSTG	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7325	Synvisc or synvisc-one	Approved	
EXCHNG	Medical Benefit Drug	G24.8	OTHER DYSTONIA	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection, onabotulinumtoxinA	Approved	
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Approved	
ASEPSE	Outpatient	I83.893	VARICOSE VEINS OF BI LOW EXTREM W OTH COMP	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	T14.8XXD	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBS	97026	APPLICATION MODALITY 1/> AREAS INFRARED	Partially Denied	
ASEPSE	Outpatient	T14.8XXD	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	T14.8XXD	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8310	TRIB RTNL VEIN OCLUSN RIGHT EYE W MACULAR EDEMA	J9035	Bevacizumab injection	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
HA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
OCTAVE	Inpatient	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREM LEFT LEG	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M19.90	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	36475	ENDOVEN ABLTJ INCMPNTNT VEIN XTR RF 1ST VEIN	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	14301	ADJNT TISTRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	14302	ADJ TISTRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3230	EXUDATIVE AGE-REL MCLR DEGN BILATERAL STAGE UNSP	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	G0283	Elec stim other than wound	Partially Denied	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Approved	
BAAA	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95829	ELECTROCORTICOGRAM SURGERY SPX	Approved	
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81270	JAK2 GENE ANALYSIS PVAL617PHE VARIANT	Denied	
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Denied	
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	G0452	Molecular pathology interpr	Denied	
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81338	MPL GENE ANALYSIS COMMON VARIANTS	Denied	
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81279	JAK2 TARGETED SEQUENCE ANALYSIS	Denied	
FEP	Outpatient	N43.3	HYDROCELE, UNSPECIFIED	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	
ABCBS	Medical Benefit Drug	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	R10.23	PELVIC AND PERINEAL PAIN BILATERAL	52000	CYSTOURETHROSCOPY	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	

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ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSE-WHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M66.871	SPN RUP OF OTHER TENDONS RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M1A.4190	OTHER SEC CHRONIC GOUT UNSP SHLD WITHOUT TOPHUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
SKAI_BLUE	Inpatient	R15.1	FECAL SMEARING	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	
SKAI_BLUE	Inpatient	R15.1	FECAL SMEARING	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	
SKAI_BLUE	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
BAAA	Medical Benefit Drug	C16.8	MALIG NEOPLASM OF OVERLAPPING SITES OF STOMACH	Q5101	Injection, zarxio	Approved	
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	Approved	
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	Approved	
BAAA	Inpatient	M26.9	DENTOFACIAL ANOMALY, UNSPECIFIED	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	G0283	Elec stim other than wound	Approved	
MEDICAREADV	Outpatient	R53.1	WEAKNESS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

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MEDICAREADV	Outpatient	R53.1	WEAKNESS	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
SKAI_BLUE	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
ARSTATEPOLICE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S86.011D	STRAIN OF RIGHT ACHILLES TENDON SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	G0299	Hhs/hospice of rn ea 15 min	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
MEDICAREADV	Outpatient	Z15.01	GENETIC SUSCEPTIBILITY TO MALIG NEOP OF BREAST	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
FEP	Inpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNTN	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection, onabotulinumtoxin A	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Inpatient	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M65.341	TRIGGER FINGER, RIGHT RING FINGER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative Approval
ASEPSE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Medical Benefit Drug	K50.019	CROHN DISEASE OF SMALL INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Q5115	Inj truxima 10 mg	Approved	
BAAA	Inpatient	Q21.23	COMPLETE ATRIOVENTRICULAR SEPTAL DEFECT	33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	Approved	
SKAI_BLUE	Inpatient	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	

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SKAI_BLUE	Inpatient	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ABCBS	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	Q25.29	OTHER ATRESIA OF AORTA	33465	REPLACEMENT TRICUSPID VALVE W/ CARD BYPASS	Approved	
BAAA	Inpatient	Q25.29	OTHER ATRESIA OF AORTA	33475	REPLACEMENT PULMONARY VALVE	Approved	
BAAA	Inpatient	Q25.29	OTHER ATRESIA OF AORTA	33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ASEPSE	Outpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	
EXCHNG	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G90.512	COMPLEX REGIONAL PAIN SYND I OF LEFT UPPER LIMB	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Inpatient	N32.89	OTHER SPECIFIED DISORDERS OF BLADDER	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	N32.89	OTHER SPECIFIED DISORDERS OF BLADDER	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
BAAA	Inpatient	N32.89	OTHER SPECIFIED DISORDERS OF BLADDER	51550	CYSTECTOMY PARTIAL SIMPLE	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	A04.71	ENTEROCOLITIS D/T CLOS DIFFICILE RECURRENT	J1440	Fecal microbiota jsIm 1 ml	Denied	Did Not Meet Medical Necessity Criteria

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ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	I77.6	ARTERITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M75.122	COM ROTATR-CUFF TEAR/RUPTR OF LEFT SHLD NOT TRMA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
SKAI_BLUE	Medical Benefit Drug	N04.21	PRIMARY MEMBRANOUS NEPHROPATHY W NEPHROTIC SYND	Q5115	Inj truxima 10 mg	Approved	
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	Approved	
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	43840	GASTRORRHAPHY SUTR PRF8 DUOL/ GSTR ULCER WND/INJ	Approved	
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	Approved	
BAAA	Inpatient	K83.8	OTHER SPECIFIED DISEASES OF BILIARY TRACT	43830	GASTROSTOMY OPEN W/O CONSTJ GASTRIC TUBE SPX	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	G0283	Elec stim other than wound	Denied	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	S9338	Hit immunotherapy diem	Approved	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1569	Gammagard liquid injection	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	G6002	Stereoscopic x-ray guidance	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	R49.0	DYSPHONIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z48.815	ENCNTR FOR SRG AFTCR FOL SURG ON THE DGSTV SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	R10.A1	FLANK PAIN, RIGHT SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
SKAI_BLUE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMEN NONC SINUS	Approved	
ASEPSE	Outpatient	S93.492A	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
MEDICAREADV	Outpatient	I83.813	VARICOSE VEINS OF BI LOWER EXTREM WITH PAIN	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Outpatient	I20.9	ANGINA PECTORIS, UNSPECIFIED	G0422	Intens cardiac rehab w/exerc	Approved	
MEDICAREADV	Outpatient	I20.9	ANGINA PECTORIS, UNSPECIFIED	G0423	Intens cardiac rehab no exer	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.014	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.619D	USP SPRAIN OF USP FINGER SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
BAAA	Medical Benefit Drug	M32.0	DRUG-INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Approved	
ASEPSE	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Denied	
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	N11.1	CHRONIC OBSTRUCTIVE PYELONEPHRITIS	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	L98.7	EXCESSIVE & REDUNDANT SKIN & SUBCUTANEOUS TISSUE	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22830	EXPLORATION SPINAL FUSION	Approved	
BAAA	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58953	BSO W/OMENECTOMY TAH&RAD DEBULKING DISSECTION	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.671	PAIN IN RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	H53.2	DIPLOPIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1INTRSPC EACH ADDITIONAL	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELISTED	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	
EXCHNG	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5114	Inj ogivri 10 mg	Approved	
ASEPSE	Outpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	Z96.641	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C18.2	MALIGNANT NEOPLASM OF ASCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44145	COLECTOMY PRTL W/COLOPROCTOS-TOMY	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
BAAA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	61516	CRNEC TREPH BONE FLAP CRNOT EXC/ FENEST CYST STTL	Approved	
ASEPSE	Outpatient	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	

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MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CON-TACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	G0283	Elec stim other than wound	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97033	APPL MODALITY 1+ AREAS IONTOPHO-RESIS EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	C60.9	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44212	LAPS COLECTOMY ABDL W/PROCTECTO-MY W/ILEOSTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44208	LAPS COLECTMY PRTL W/COLOPXTST-MY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria

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ASEPSE	Inpatient	K63.5	POLYP OF COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ ILEOST/ILEOPXTS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44211	LAPS COLCT TTL ABD W/PRCTECT ILEO-ANAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Approved	
ASEPSE	Outpatient	M22.8X2	OTHER DISORDERS OF PATELLA, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.10	MYALGIA, UNSPECIFIED SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ARSTATEPOLICE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	J30.9	ALLERGIC RHINITIS, UNSPECIFIED	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Denied	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.31	SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9209	Mesna injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9075	Inj, cyclophosphamide, nos	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C40.22	MALIG NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36222	SLCTV CATH CAROTID/INNOV ART ANGIO XTRCRANL ART	Approved	
MEDICAREADV	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
MEDICAREADV	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	36223	SLCTV CATH CAROTID/INNOV ART ANGIO INTRCRANL ART	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.8	OTHER OSTEOPOR WITHOUT CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
HA	Outpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	S9126	Hospice care, in the home, p	Approved	
HA	Outpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	S9126	Hospice care, in the home, p	Approved	
BAAA	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	N39.46	MIXED INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMO-DENERVATION BLADDER	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	
ASEPSE	Outpatient	M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	J9306	Injection, pertuzumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	Q5116	Inj., trazimera, 10 mg	Approved	
ASEPSE	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z48.03	ENCOUNTER FOR CHANGE OR REMOVAL OF DRAINS	S9123	Nursing care in home rn	Approved	
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC THORACIC	Approved	
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22848	PELVIC FIXATION OTHER THAN SACRUM	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
MEDICAREADV	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.901	MIGRAINE UNSP NOT INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Approved	
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	Approved	
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
SKAI_BLUE	Inpatient	Q43.1	HIRSCHSPRUNG'S DISEASE	J0585	Injection,onabotulinumtoxina	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7318	Inj, durolane 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7324	Orthovisc inj per dose	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M47.27	OTHER SPONDYLS WITH RADICULOPATHY LUMBOSACR RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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SKAI_BLUE	Inpatient	I74.5	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY	37220	REVASCLARIZATION ILIAC ARTERY ANGIOPL 1ST VSL	Approved	
SKAI_BLUE	Inpatient	I74.5	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY	35661	BPG OTH/THN VEIN FEMORAL-FEMORAL	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Met Medical Necessity Criteria
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22634	ARTHRODESIS CMBN TO 1NTRSPC EACH ADDITIONAL	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	52332	CYSTO W/INSERT URETERAL STENT	Approved	
BAAA	Inpatient	N32.1	VESICOINTESTINAL FISTULA	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Medical Benefit Drug	C71.3	MALIGNANT NEOPLASM OF PARIETAL LOBE	Q5118	Inj., zirabev, 10 mg	Approved	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	S9379	Hit noc per diem	Approved	

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SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Outpatient	R07.9	CHEST PAIN, UNSPECIFIED	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	C56.2	MALIGNANT NEOPLASM OF LEFT OVARY	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15274	APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	55180	SCROTOPLASTY COMPLICATED	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M41.124	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36223	SLCTV CATH CAROTID/INNOART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	Approved	
BAAA	Outpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	Approved	
BAAA	Outpatient	F33.2	MAJOR DEPRESSV DIS RECUR SEVERE W/O PSYCH FEAT	90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	Approved	
ASEPSE	Outpatient	H02.421	MYOGENIC PTOSIS OF RIGHT EYELID	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT INTERNAL	Approved	
EXCHNG	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
BAAA	Medical Benefit Drug	K51.219	ULCERATIVE PROCTITIS WITH UNSP COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
ASEPSE	Outpatient	H02.421	MYOGENIC PTOSIS OF RIGHT EYELID	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ ADVMNT XTRNL	Approved	
OCTAVE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTN	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Partially Denied	
ASEPSE	Outpatient	S83.002D	UNSPECIFIED SUBLUX OF LEFT PATELLA SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Inpatient	S73.035A	OTHER ANTERIOR DLOC OF LEFT HIP INITIAL ECTR	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M65.312	TRIGGER THUMB, LEFT THUMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	11045	DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Approved	
SKAI_BLUE	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	Approved	
SKAI_BLUE	Inpatient	R10.11	RIGHT UPPER QUADRANT PAIN	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J3490	Drugs unclassified injection	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	
SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	

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SKAI_BLUE	Inpatient	D33.1	BENIGN NEOPLASM OF BRAIN, INFRA-TENTORIAL	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
BAAA	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Approved	
MEDICAREADV	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J0185	Inj., aprepitant, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D80.1	NONFAMILIAL HYOGAMMAGLOBULINEMIA	J1459	Inj ivig privigen 500 mg	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R47.89	OTHER SPEECH DISTURBANCES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S43.432D	SUPER GLENOID LABRUM LESION OF L SHLD SUBS ECT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.20	ULCERATIVE PROCTITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	Approved	
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	Approved	
BAAA	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	Approved	
MEDICAREADV	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
ASEPSE	Outpatient	M76.51	PATELLAR TENDINITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M91.0	JUVENILE OSTEOCHONDROSIS OF PELVIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M91.0	JUVENILE OSTEOCHONDROSIS OF PELVIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7318	Inj, durolane 1 mg	Approved	
BAAA	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.10	RADICULOPATHY, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	G0283	Elec stim other than wound	Partially Denied	
SKAI_BLUE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M47.26	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J0585	Injection, onabotulinumtoxinA	Approved	
OCTAVE	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	41830	ALVEOLECTOMY W/CURTRG OSTEITIS/ SEQUESTRECTOMY	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M79.11	MYALGIA OF MASTICATION MUSCLE	21215	GRAFT BONE MANDIBLE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	K76.7	HEPATORENAL SYNDROME	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ASEPSE	Inpatient	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9260	Inj methotrexate sodium 50mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	N20.1	CALCULUS OF URETER	G0299	Hhs/hospice of rn ea 15 min	Approved	
SKAI_BLUE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	48150	PNCRTECT PROX STOT W/PANCREATOJE-JUNOSTOMY	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	Approved	
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Approved	
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	
BAAA	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Approved	
ABCBS	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.21	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Outpatient	S29.011A	STR MUS AND TENDON OF FRONT WALL OF THORAX INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	39401	MEDIASTINOSCOPY INCLUDES MEDIAS-TINAL MASS BIOPSY	Approved	

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ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.30	SCIATICA, UNSPECIFIED SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	E87.0	HYPEROSMOLALITY AND HYPERNATREMIA	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Denied	
OCTAVE	Medical Benefit Drug	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N81.6	RECTOCELE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7328	Gelsyn-3 injection 0.1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33475	REPLACEMENT PULMONARY VALVE	Approved	
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	Approved	
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	Approved	
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
BAAA	Inpatient	I31.1	CHRONIC CONSTRICTIVE PERICARDITIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	Approved	
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	G93.5	COMPRESSION OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.621	PAIN IN RIGHT UPPER ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Q5101	Injection, zarxio	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0257	Glassia injection	Approved	
EXCHNG	Outpatient	Z12.31	ENCNTR SCREEN MAMMOGRAM FOR MALIG NEOP OF BREAST	77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Outpatient	Z12.31	ENCNTR SCREEN MAMMOGRAM FOR MALIG NEOP OF BREAST	77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q05.7	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
EXCHNG	Inpatient	S91.011A	LACERATION WITHOUT FB RIGHT ANKLE INIT ENCNTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	I86.1	SCROTAL VARICES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9208	Ifosfamide injection	Approved	
SKAI_BLUE	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9181	Etoposide injection	Approved	
ASEPSE	Outpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	K0606	Aed garment w elec analysis	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	

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EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Outpatient	C43.22	MALIG MELANOMA OF LEFT EAR AND EXT AURIC CANAL	S9126	Hospice care, in the home, p	Approved	
OCTAVE	Outpatient	C43.22	MALIG MELANOMA OF LEFT EAR AND EXT AURIC CANAL	Q5001	Hospice or home hlth in home	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
BAAA	Inpatient	D56.1	BETA THALASSEMIA	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
BAAA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
ASEPSE	Outpatient	H02.413	MECHANICAL PTOSIS OF BILATERAL EYELIDS	67900	REPAIR BROW PTOSIS	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
BAAA	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J3380	Inj vedolizumab iv 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27305	FASCIOTOMY ILIOTIBIAL OPEN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	M21.70	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	27466	OSTEOPLASTY FEMUR LENGTHENING	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	G62.9	POLYNEUROPATHY, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
EXCHNG	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Denied	
MEDICAREADV	Pharmacy Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	J82.83	EOSINOPHILIC ASTHMA	J2182	Injection, mepolizumab, 1mg	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
ABCBS	Inpatient	I71.43	INFRARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	S83.195D	OTHER DLOC OF LEFT KNEE SUBSEQUENT ENCOUNTER	G0299	Hhs/hospice of rn ea 15 min	Approved	
SKAI_BLUE	Outpatient	S83.195D	OTHER DLOC OF LEFT KNEE SUBSEQUENT ENCOUNTER	G0151	Hhcp-serv of pt,ea 15 min	Approved	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.41	URGE INCONTINENCE	97039	UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	Partially Denied	
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	L72.0	EPIDERMAL CYST	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
BAAA	Inpatient	L72.0	EPIDERMAL CYST	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J9317	Sacituzumab govitecan-hziy	Approved	
SKAI_BLUE	Medical Benefit Drug	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	M76.71	PERONEAL TENDINITIS, RIGHT LEG	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J9181	Etoposide injection	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J0185	Inj., aprepitant, 1 mg	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J1100	Dexamethasone sodium phos	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	Q5108	Injection, fulphila	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J2469	Palonosetron hcl	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J9045	Carboplatin injection	Approved	
BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J9022	Inj, atezolizumab,10 mg	Approved	

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BAAA	Medical Benefit Drug	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	J1448	Injection, trilaciclib, 1mg	Approved	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Approved	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77336	CONTINUING MEDICAL PHYSICS CON-SLTJ PR WK	Approved	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	77470	SPECIAL TREATMENT PROCEDURE	Approved	
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	49083	ABDOM PARACENTESIS DX/THER W/ IMAGING GUIDANCE	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	K76.9	LIVER DISEASE, UNSPECIFIED	32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22848	PELVIC FIXATION OTHER THAN SACRUM	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TO 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TO 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	M43.06	SPONDYLOLYSIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Denied	Did Not Meet Medical Necessity Criteria

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SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	84144	ASSAY OF PROGESTERONE	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	74740	HYSTEOSALPINGOGRAPHY RS&I	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83002	GONADOTROPIN LUTEINIZING HORMONE	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	82670	ASSAY OF TOTAL ESTRADIOL	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	76830	USTRANSVAGINAL	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58340	CATH & SALINE/CONTRAST SONOHYS-TER/HYSTEOSALPI	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Approved	
BAAA	Outpatient	Z31.41	ENCOUNTER FOR FERTILITY TESTING	58555	HYSTEOSCOPY DIAGNOSTIC SEPARATE PROCEDURE	Approved	
HA	Medical Benefit Drug	M10.09	IDIOPATHIC GOUT, MULTIPLE SITES	J2507	Pegloticase injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	R47.1	DYSARTHRIA AND ANARTHRIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
BAAA	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Inpatient	J39.8	OTHER SPECIFIED DISEASES OF UPPER RESP TRACT	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	J39.8	OTHER SPECIFIED DISEASES OF UPPER RESP TRACT	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M76.891	OTH ENTHESOPATHIES OF R LOW LIMB EXCLUDING FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	R57.0	CARDIOGENIC SHOCK	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M76.61	ACHILLES TENDINITIS, RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Medical Benefit Drug	E80.20	UNSPECIFIED PORPHYRIA	J0223	Inj givosiran 0.5 mg	Partially Denied	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	52000	CYSTOURETHROSCOPY	Denied	

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FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMLV TUBE/OVARY	Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Outpatient	G4730	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Outpatient	G4730	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	Z48.814	ECT FOR SRG AFTCR FOL SRG ON TEETH OR ORAL CAV	S9128	Speech therapy, in the home,	Approved	
ASEPSE	Outpatient	S83.511D	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97016	APPL MODALITY 1/> AREAS VASOPNEU-MATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	Approved	
SKAI_BLUE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	
ASEPSE	Outpatient	S83.249A	OTH TEAR OF MED MENISCUS CRNT INJ UNSP KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CUR-RENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77386	INTENSITY MODULATED RADIATIONTX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77300	BASIC RADIATION DOSIMETRY CALCU-LATION	Approved	

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ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	52000	CYSTOURETHROSCOPY	Denied	
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	Denied	
FEP	Outpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMLV TUBE/OVARY	Denied	
ASEPSE	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	58953	BSO W/OMENECTOMY TAH&RAD DEBULKING DISSECTION	Approved	Met Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
SKAI_BLUE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.011D	STR MUSC/TEND THE ROTATOR CUFF OF R SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	R29.810	FACIAL WEAKNESS	J0585	Injection, onabotulinumtoxin A	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S63.592A	OTHER SPECIFIED SPRAIN OF LEFT WRIST INIT ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61737	LITT LES ICR MLT TRAJECTORIES MLT/ CPLX LESIONS	Approved	

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SKAI_BLUE	Inpatient	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN	61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	Approved	
ASEPSE	Outpatient	M25.559	PAIN IN UNSPECIFIED HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ASEPSE	Outpatient	Z46.6	ECTR FOR FITTING AND ADJUST OF URINARY DEVICE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9370	Vincristine sulfate 1 mg inj	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9000	Doxorubicin hcl injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9060	Cisplatin 10 mg injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J9190	Fluorouracil injection	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C22.2	HEPATOBLASTOMA	J1190	Dexrazoxane hcl injection	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32999	UNLISTED PROCEDURE LUNGS & PLEURA	Approved	
EXCHNG	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	49188	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 10.1-20 CM	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ASEPSE	Outpatient	G81.90	HEMIPLEGIA USP AFFECTING USP SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	170	ANESTHESIA INTRAORAL PX WITH BIOPSY NOS	Partially Denied	
HA	Outpatient	K02.9	DENTAL CARIES, UNSPECIFIED	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Partially Denied	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R52	PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Inpatient	D35.02	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	60650	LAPAROSCOPY ADRENALECTOMY PRTL/ COMPL TABDL	Approved	Met Medical Necessity Criteria
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Medical Benefit Drug	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
BAAA	Outpatient	M47.892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
FEP	Outpatient	G47.13	RECURRENT HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Inpatient	N20.9	URINARY CALCULUS, UNSPECIFIED	52332	CYSTO W/INSERT URETERAL STENT	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.025D	NDSP FX OF SHAFT OF L CLAVIC SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Inpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	
SKAI_BLUE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36223	SLCTV CATH CAROTID/INNOV ART ANGIO INTRCRANL ART	Approved	
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	G0339	Robot lin-radsurg com, first	Denied	
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	G0340	Robt lin-radsurg fractx 2-5	Denied	
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	
ASEPSE	Outpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	Q5157	Inj, denosumab-bmwo, 1 mg	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R63.39	OTHER FEEDING DIFFICULTIES	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCINTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	M06.1	ADULT-ONSET STILL'S DISEASE	J3262	Tocilizumab injection	Approved	
BAAA	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	64488	TAP BLOCK BILATERAL BY INJECTION(S)	Approved	
BAAA	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	A41.02	SEPSIS DUE TO METHICILLIN RESISTANT STAPH AUREUS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77300	BASIC RADIATION DOSIMETRY CALCULATION	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	G6002	Stereoscopic x-ray guidance	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Approved	
ASEPSE	Outpatient	C77.1	SEC AND UNSP MALIG NEOPLASM OF INTRATHORAC NODES	G6015	Radiation tx delivery imrt	Approved	
BAAA	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/JINT ANAST	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	55866	LAPS SURG PRST8ECT RPBIC RAD W/NERVE SPARING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C67.9	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7323	Euflexxa inj per dose	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81243	FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81425	GENOME SEQUENCE ANALYSIS	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81460	WHOLE MITOCHONDRIAL GENOME	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.51	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I69.311	MEMORY DEFICIT FOLLOWING CEREBRAL INFARCTION	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	H81.11	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	95992	CANALITH REPOSITIONING PROCEDURE	Denied	
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	Approved	
BAAA	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M99.31	OSSEOUS STENOSIS OF NEURAL CANAL OF CERV REGION	22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	Approved	
BAAA	Inpatient	M99.31	OSSEOUS STENOSIS OF NEURAL CANAL OF CERV REGION	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	H02.045	SPASTIC ENTROPION OF LEFT LOWER EYELID	67917	REPAIR ECTROPION EXTENSIVE	Approved	
MEDICAREADV	Outpatient	H02.045	SPASTIC ENTROPION OF LEFT LOWER EYELID	67924	REPAIR ENTROPION EXTENSIVE	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.242A	OTH TEAR OF MED MENISCUS CRNT INJ LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K51.019	ULCERATIVE PANCOLITIS WITH UNSP COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C7B.8	OTHER SECONDARY NEUROENDOCRINE TUMORS	J1930	Lanreotide injection	Approved	
SKAI_BLUE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	
ASEPSE	Outpatient	M75.22	BICIPITAL TENDINITIS, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Inpatient	O02.1	MISSED ABORTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	M71.38	OTHER BURSAL CYST, OTHER SITE	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Denied	Administrative: Insufficient Information
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	J7325	Synvisc or synvisc-one	Approved	
BAAA	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
SKAI_BLUE	Inpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	Approved	
ASEPSE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	S14.106A	UNSP INJURY AT C6 LEVEL OF CERV SPINAL CORD INIT	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	S14.106A	UNSP INJURY AT C6 LEVEL OF CERV SPINAL CORD INIT	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	S14.106A	UNSP INJURY AT C6 LEVEL OF CERV SPINAL CORD INIT	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Denied	Administrative: Insufficient Information
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9267	Paclitaxel injection	Approved	
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	Q5107	Inj mvasi 10 mg	Approved	
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J9045	Carboplatin injection	Approved	
BAAA	Medical Benefit Drug	C56.1	MALIGNANT NEOPLASM OF RIGHT OVARY	J1454	Inj fosnetupitant, palonoset	Approved	
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	
SKAI_BLUE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.19	OTHER HYPERSOMNIA	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	E04.2	NONTOXIC MULTINODULAR GOITER	81546	ONCTHYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Approved	
ASEPSE	Outpatient	M79.661	PAIN IN RIGHT LOWER LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	P92.8	OTHER FEEDING PROBLEMS OF NEWBORN	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
EXCHNG	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	S83.001D	UNSPECIFIED SUBLUX OF RIGHT PATEL LA SUBS ENCNTN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.001D	UNSPECIFIED SUBLUX OF RIGHT PATEL LA SUBS ENCNTN	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G40.209	LOC-REL SYM EPI W CM PR SEIZ,X NTRCT,W/O STA EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	

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ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
FEP	Outpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	D59.39	OTHER HEMOLYTIC-UREMIC SYNDROME	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
ASEPSE	Outpatient	S06.0X0D	CONCUSSION WITHOUT LOSS OF CONS SUBS ENCNTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H34.8120	CENTRAL RETINAL VEIN OCLUSN LEFT EYE W MACU EDMA	J2778	Ranibizumab injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLYHYPROS COM	8627007801	DEXCOM G7 RECEIVER	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ARSTATEPOLICE	Outpatient	M66.242	SPN RUPTURE OF EXTENSOR TENDONS LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	S9991	Services provided as part of	Partially Denied	
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	Denied	Did Not Meet Medical Necessity Criteria

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EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
SKAI_BLUE	Inpatient	J21.8	AC BRONCHIOLITIS D/T OTHER SPECIFIED ORGANISMS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENNONC SINUS	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z84.89	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S46.012D	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
ASEPSE	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Administrative Approval
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	N50.89	OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS	54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	N50.89	OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	

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SKAI_BLUE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50546	LAPAROSCOPY NEPHRECTOMY W/ PARTIAL URETERECT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
HA	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37235	REVSC OPN/PRQ TIB/PERO W/STNT/ ATHR/ ANGIOP EA VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ ATHR/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37226	REVSC OPN/PRQ FEM/POP W/STNT/ ANGIOP SM VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37234	REVSC OPN/PRQ TIB/PERO W/STNT/ ANGIOP UNI EA VSL	Approved	

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MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ ANGIOP UNI EA VSL	Approved	
MEDICAREADV	Outpatient	I70.245	ATHSCL NATIVE ART OF LEFT LEG W ULC OTH PRT FOOT	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9227	Inj. isatuximab-irfc 10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9047	Injection, carfilzomib, 1 mg	Approved	
OCTAVE	Outpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3113	NEXDTVE AGE MCLR DEGN R EYE ADV ATRPC W/O SBFVL	J2782	Inj avacincaptad pegol 0.1mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M12.811	OTH SPECIFIC ARTHROPATHIES, NEC, RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
MEDICAREADV	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
SKAI_BLUE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J0885	Epoetin alfa, non-esrd	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22849	REINSERTION SPINAL FIXATION DEVICE	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
BAAA	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	S2900	Robotic surgical system	Approved	
BAAA	Inpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	
BAAA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
BAAA	Inpatient	T84.038A	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT INIT	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	

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BAAA	Inpatient	T84.038A	MECH LOOSENING OF OTH INTERNAL PROSTH JOINT INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
SKAI_BLUE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	S93.409A	SPRAIN OF UNSP LIGAMENT OF USP ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
BAAA	Inpatient	M51.24	OTHER INTVRT DISC DISPLACEMENT THORACIC REGION	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	Approved	
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.522	PAIN IN LEFT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ASEPSE	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
ASEPSE	Outpatient	R46.89	OTH SYMP & SIGNS INVOLVING APPEARANCE & BEHAV	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

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ARSTATEPOLICE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
SKAI_BLUE	Inpatient	L03.311	CELLULITIS OF ABDOMINAL WALL	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
BAAA	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I87.323	CHRONIC VENOUS HTN W INF OF BILATERAL LOW EXTRM	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Approved	
ASEPSE	Outpatient	M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R30.0	DYSURIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5157	Inj, denosumab-bmwo, 1 mg	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35656	BPG OTH/THN VEIN FEMORAL-POPLITEAL	Approved	Administrative Approval
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5 CM OR LESS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	Met Medical Necessity Criteria

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MEDICAREADV	Pharmacy Benefit Drug	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7325	Synvisc or synvisc-one	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	C50.212	MALIG NEOP OF UPPER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
FEP	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97112	THER PX 1/> AREAS EACH 15 MIN NEU-ROMUSC REEDUCA	Denied	
ASEPSE	Outpatient	M22.2X2	PATELLOFEMORAL DISORDERS, LEFT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	S9131	Pt in the home per diem	Approved	
HA	Inpatient	O69.0XX3	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 3	59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	Approved	
MEDICAREADV	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61863	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Approved	
MEDICAREADV	Inpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61864	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
ASEPSE	Outpatient	M40.04	POSTURAL KYPHOSIS, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Approved	
ASEPSE	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Denied	

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ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	N40.1	BENIGN PROSTATIC HYPERPLASIA W LWR UR TRACT SYMP	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Approved	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0589	Inj daxibotulinumtoxina-lanm	Approved	
SKAI_BLUE	Inpatient	W11.XXXA	FALL ON AND FROM LADDER, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF L SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	Approved	Administrative Approval
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	32650	THORACOSCOPY W/PLEURODESIS	Approved	Administrative Approval
HA	Medical Benefit Drug	M34.82	SYSTEMIC SCLEROSIS WITH MYOPATHY	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97026	APPLICATION MODALITY 1/> AREAS INFRARED	Partially Denied	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection, onabotulinumtoxina	Approved	
FEP	Outpatient	N85.02	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Denied	
FEP	Outpatient	N85.02	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	58262	VAG HYST 250 GM/< W/RMVL TUBE&/ OVARY	Denied	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20937	AUTOGRAFT SPINE SURGERY MORSE-LIZED SEP INCISION	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT WARTHED	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
EXCHNG	Inpatient	S32.009K	UNSP FX UNSP LUM VERTEBRA SUBS FOR FX W NONUNION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J9223	Inj. lurbinectedin, 0.1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J2469	Palonosetron hcl	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J0185	Inj., aprepitant, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C34.12	MALIG NEOPLASM OF UPPER LOBE LEFT BRONC OR LUNG	J1100	Dexamethasone sodium phos	Approved	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Partially Denied	
SKAI_BLUE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Partially Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
ASEPSE	Outpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
ASEPSE	Outpatient	S33.4XXD	TRAUMATIC RUPTURE OF SYMPHYSIS PUBIS SB ECTR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	

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EXCHNG	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	45340	SIGMOIDOSCOPY FLXTNDSC BALO DILAT	Approved	
ASEPSE	Outpatient	S43.431A	SUPER GLENOID LABRUM LESION OF RIGHT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
EXCHNG	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
FEP	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ARSTATEPOLICE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	
MEDICAREADV	Inpatient	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, USP	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.E19	CHRONIC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMOTHERAPY FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G43.E19	CHRONIC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection, onabotulinumtoxinA	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M43.00	SPONDYLOLYSIS, SITE UNSPECIFIED	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
ASEPSE	Outpatient	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	G0299	Hhs/hospice of rn ea 15 min	Approved	
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	69990	MICROSURGTQS REQ USE OPERATING MICROSCOPE	Approved	
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
SKAI_BLUE	Inpatient	G51.8	OTHER DISORDERS OF FACIAL NERVE	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5119	Inj ruxience, 10 mg	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

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ABCBS	Inpatient	R10.A0	FLANK PAIN, UNSPECIFIED SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7318	Inj, durolane 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	H57.813	BROW PTOSIS, BILATERAL	67900	REPAIR BROW PTOSIS	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	

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MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.122A	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5255	Hearing aid, digit, mon, itc	Approved	
BAAA	Outpatient	R29.818	OTHER SYMP AND SIGNS INVOLVING THE NERVOUS SYS	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	M53.87	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	

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ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Denied	
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	Denied	
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	S3900	Surface emg	Denied	
ASEPSE	Outpatient	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	M479	SPONDYLOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.14	RADICULOPATHY, THORACIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	H81.13	BENIGN PAROXYSMAL VERTIGO, BILATERAL	92542	POSITIONAL NYSTAGMUS TEST	Approved	
ASEPSE	Outpatient	H81.13	BENIGN PAROXYSMAL VERTIGO, BILATERAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&OVARIES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE USP SITE	J0897	Denosumab injection	Approved	
BAAA	Medical Benefit Drug	G89.4	CHRONIC PAIN SYNDROME	J3490	Drugs unclassified injection	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G89.4	CHRONIC PAIN SYNDROME	S9328	Hit pain imp pump diem	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Q5103	Injection, inflectra	Approved	
OCTAVE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M62.571	MUS WASTING AND ATROPHY NEC RIGHT ANKLE AND FOOT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63030	LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ASEPSE	Outpatient	M25.362	OTHER INSTABILITY, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5261	Hearing aid, digit, bin, bte	Denied	
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5010	Assessment for hearing aid	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5110	Hearing aid dispensing fee	Denied	
FEP	Outpatient	H90.0	CONDUCTIVE HEARING LOSS, BILATERAL	V5020	Conformity evaluation	Denied	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.701	CHRONIC MIGRN W/O AURA NOT INTRACT W STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M53.2X6	SPINAL INSTABILITIES, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5110	Hearing aid dispensing fee	Approved	
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5010	Assessment for hearing aid	Approved	
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5020	Conformity evaluation	Approved	
FEP	Outpatient	H90.2	CONDUCTIVE HEARING LOSS, UNSPECIFIED	V5261	Hearing aid, digit, bin, bte	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ASEPSE	Outpatient	Z48.03	ENCOUNTER FOR CHANGE OR REMOVAL OF DRAINS	G0299	Hhs/hospice of rn ea 15 min	Approved	
OCTAVE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	N81.89	OTHER FEMALE GENITAL PROLAPSE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64484	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL EA ADDL	Approved	
SKAI_BLUE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
ASEPSE	Outpatient	Q90.9	DOWN SYNDROME, UNSPECIFIED	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	S72.001K	FX USP PRT OF NK OF R FEMUR SB FOR CLS FX W NUN	27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	Approved	
SKAI_BLUE	Inpatient	S72.001K	FX USP PRT OF NK OF R FEMUR SB FOR CLS FX W NUN	20680	REMOVAL IMPLANT DEEP	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	Q27.8	OTH CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Denied	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	F90.2	ATN-DEFICIT HYPERACT DISORDER COMBINED TYPE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Z96.659	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	Approved	
MEDICAREADV	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
ASEPSE	Outpatient	S83.241D	OTH TEAR OF MEDIAL MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	S06.9X0S	UNSP INTCR INJURY W/O LOSS OF CONS SEQUELA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	G93.41	METABOLIC ENCEPHALOPATHY	G0299	Hhs/hospice of rn ea 15 min	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ASEPSE	Inpatient	M16.52	UNILATERAL POST-TRAUMATIC OSTEOARTH LEFT HIP	27132	CONV PREV HIPTOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	Approved	
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	23405	TENOTOMY SHOULDER AREA 1 TENDON	Approved	
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	21615	EXCISION 1ST &/CERVICAL RIB	Approved	
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	35701	EXPLORATION N/FLWD SURG NECK ARTERY	Approved	
SKAI_BLUE	Inpatient	G54.0	BRACHIAL PLEXUS DISORDERS	64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	Approved	
ASEPSE	Outpatient	M84.421D	PTH FRACTURE R HUMERUS SUBS FOR FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	Administrative Approval
ASEPSE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	Administrative Approval
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	Q2056	Ciltacabtagene car-pos t	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9075	Inj, cyclophosphamide, nos	Approved	
MEDICAREADV	Pharmacy Benefit Drug	C90.02	MULTIPLE MYELOMA IN RELAPSE	J9185	Fludarabine phosphate inj	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	I77.6	ARTERITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	Approved	
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38225	CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	Approved	
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38227	CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMIN	Approved	
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	Approved	
MEDICAREADV	Outpatient	C90.02	MULTIPLE MYELOMA IN RELAPSE	38226	CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	
ASEPSE	Outpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M53.2X8	SPINAL INSTABILITIES SACRAL & SACROCOCCYGEAL RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M53.3	SACROCOCCYGEAL DISORDERS NOT ELSEWHERE CLAS	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7034	Nasal application device	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0562	Humidifier heated used w pap	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7037	Pos airway pressure tubing	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7036	Pos airway press chinstrap	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7032	Replacement nasal cushion	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7033	Replacement nasal pillows	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7035	Pos airway press headgear	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7046	Repl water chamber, pap dev	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E0601	Cont airway pressure device	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7038	Pos airway pressure filter	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7030	Cpap full face mask	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A4604	Tubing with heating element	Approved	
BAAA	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	A7031	Replacement facemask interfa	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	T84.092A	MECH COMPL OF INTERNAL RIGHT KNEE PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	Q5001	Hospice or home hlth in home	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G20.A1	PRKNS DIS W/O DYSKINESIA W/O MENTION FLUCTUATION	S9126	Hospice care, in the home, p	Approved	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	I69.392	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT/WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Approved	
ASEPSE	Outpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	M79.602	PAIN IN LEFT ARM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	R40.0	SOMNOLENCE	39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	Approved	
HA	Inpatient	R40.0	SOMNOLENCE	44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	Approved	
HA	Inpatient	R40.0	SOMNOLENCE	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Approved	
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	M25.451	EFFUSION, RIGHT HIP	27030	ARTHROTOMY HIP W/DRAINAGE	Approved	
ASEPSE	Outpatient	R278	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M62.50	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	G71.00	MUSCULAR DYSTROPHY, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSACR INTVRT DISC DIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M51.9	UNSP THOR THORACOLUM & LUMBOSACR INTVRT DISC DIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	M25.552	PAIN IN LEFT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	S44.22XA	INJ OF RADIAL NRV AT UPPER ARM LEV LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
SKAI_BLUE	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	Q5119	Inj ruxience, 10 mg	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	S9379	Hit noc per diem	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
FEP	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/ BONE GRAFTS	Approved	
SKAI_BLUE	Inpatient	Q35.9	CLEFT PALATE, UNSPECIFIED	21196	RCNSTJ MNDBLR RAMI&BDY SGLT SPLT W/INT RGD FI	Approved	
BAAA	Medical Benefit Drug	C25.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	Q5108	Injection, fulphila	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	S9379	Hit noc per diem	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERM OCCLS/EMBOIZATION PERQ CNS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
BAAA	Inpatient	J35.3	HYPERTROPHY OF TONSILS W HYPERTROPHY OF ADENOIDS	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Approved	
ASEPSE	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	K63.2	FISTULA OF INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
FEP	Inpatient	R13.19	OTHER DYSPHAGIA	22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	Approved	Met Medical Necessity Criteria
FEP	Inpatient	R13.19	OTHER DYSPHAGIA	22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	I82.0	BUDD-CHIARI SYNDROME	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Inpatient	K63.2	FISTULA OF INTESTINE	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	N81.11	CYSTOCELE, MIDLINE	57250	POST COLPORRHAPHY RECTOCELE W/ WO PERINEORRHAPHY	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N81.11	CYSTOCELE, MIDLINE	57288	SLING OPERATION STRESS INCONTINENCE	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	N81.11	CYSTOCELE, MIDLINE	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Partially Denied	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng non	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K51.311	ULCERATIVE RECTOSIGMOIDITIS WITH RECTAL BLEEDING	J3358	Ustekinumab, iv inject, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J2802	Inj, romiplostim 1 microgram	Approved	
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	J9312	Inj., rituximab, 10 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C83.35	DIFFUS LG B-CL LYMPH NODES OF INGRGN & LOW LMB	Q5108	Injection, fulphila	Approved	
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49617	RPR AA HERNIA RECR > 10 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	64421	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	Approved	
HA	Inpatient	K59.04	CHRONIC IDIOPATHIC CONSTIPATION	44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Approved	
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Denied	P2P Denied
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Denied	P2P Denied
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Denied	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	C50.411	MALIG NEOPLM OF UPPER-OUTER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.59	OTHER LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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OCTAVE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	64483	NJX AA&/STRD TFRML EPI LUMBAR/ SACRAL 1 LEVEL	Approved	
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
BAAA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDI- NAL GASTRECTOMY	Denied	Administrative: Not a Covered Benefit
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
BAAA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G57.00	LESION OF SCIATIC NERVE, UNSPECI- FIED LOWER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G57.00	LESION OF SCIATIC NERVE, UNSPECI- FIED LOWER LIMB	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.371	OTHER INSTABILITY, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2329	Inj ublituximab-xiiy, 1 mg	Approved	
MEDICAREADV	Inpatient	T84.498A	MECH COMPL OF INT ORTH DEV IM- PLNT AND GRAFTS INI	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	
MEDICAREADV	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CON- TACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICU- LOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	

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MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	
BAAA	Inpatient	M41.45	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0881	Darbepoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	Z96.612	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	Approved	
ASEPSE	Outpatient	S43.014D	ANTERIOR DLOC OF RIGHT HUMERUS SB ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M18.12	UNIL PRIM OSTEOARTH 1ST CARPO-METACARP JT L HND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Approved	
ASEPSE	Outpatient	Q23.4	HYPOPLASTIC LEFT HEART SYNDROME	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
BAAA	Medical Benefit Drug	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Q5123	Inj. riabni, 10 mg	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	J1569	Gammagard liquid injection	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	G47.8	OTHER SLEEP DISORDERS	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Outpatient	E10.21	TYPE 1 DIAB MEL WITH DIABETIC NEPHROPATHY	A9276	Disposable sensor, cgm sys	Approved	
SKAI_BLUE	Outpatient	E10.21	TYPE 1 DIAB MEL WITH DIABETIC NEPHROPATHY	A9278	External receiver, cgm sys	Approved	
ASEPSE	Outpatient	R48.2	APRAXIA	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R48.2	APRAXIA	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R48.2	APRAXIA	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33425	VALVULOPLASTY MITRAL VALVE W/ CARDIAC BYPASS	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	Q27.8	OTH CONG MALFORM OF PERIPHERAL VASCULAR SYSTEM	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	R29.3	ABNORMAL POSTURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	G44.86	CERVICOGENIC HEADACHE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32674	THORACOSCOPY W/MEDIASTINL & REGIONAL LYMPHDENECTOMY	Approved	
SKAI_BLUE	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32666	THORACOSCOPY W/THERA WEDGE RESEXTN INITIAL UNILAT	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection, onabotulinumtoxinA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Inpatient	T84.093A	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Administrative Approval
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	21196	RCNSTJ MNDBLR RAMI&/BDY SGLT SPLT W/INT RGD FI	Approved	
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	Approved	
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Approved	
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	
BAAA	Inpatient	M26.11	MAXILLARY ASYMMETRY	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	
ASEPSE	Outpatient	M25.521	PAIN IN RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.51	VERTEBROGENIC LOW BACK PAIN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G37.3	AC TRANS MYELITIS IN DEMYELINATING DIS OF CNSL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J0178	Aflibercept injection	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3311	TYPE 2 DIAB W MOD NONP RTNOP W MACU EDEMA R EYE	J0178	Aflibercept injection	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	S9129	Occupational therapy, in the	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	52000	CYSTOURETHROSCOPY	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	E83.52	HYPERCALCEMIA	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	Z48.00	ECTR FOR CHANGE OR RMVL OF NON-SURG WND DRESSING	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	C50.312	MALIG NEOP OF LOWER-INNER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Q99.9	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I71.43	INFARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	T84.9XXA	UNSP COMP OF INTERNAL ORTH PROSTH DEV/GRFT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
HA	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
OCTAVE	Inpatient	R63.8	OTH SYMP & SIGNS CONCERNING FOOD & FLUID INTAKE	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
OCTAVE	Inpatient	R63.8	OTH SYMP & SIGNS CONCERNING FOOD & FLUID INTAKE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
BAAA	Medical Benefit Drug	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5108	Injection, fulphila	Approved	
HA	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4239	Non-adju cgm supply allow	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.1	EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
BAAA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	Q39.8	OTHER CONGENITAL MALFORMATIONS OF ESOPHAGUS	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	Met Medical Necessity Criteria
FEP	Outpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	19318	BREAST REDUCTION	Approved	
ASEPSE	Outpatient	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
BAAA	Outpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMYL TUBE/OVARY	Approved	
ASEPSE	Outpatient	H02.421	MYOGENIC PTOSIS OF RIGHT EYELID	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	G0283	Elec stim other than wound	Partially Denied	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	
EXCHNG	Outpatient	C22.0	LIVER CELL CARCINOMA	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S52.531A	COLLES FRACTURE OF RIGHT RADIUS INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	M24.549	CONTRACTURE, UNSPECIFIED HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G56.03	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	
ASEPSE	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	S9126	Hospice care, in the home, p	Approved	
ASEPSE	Outpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	Q5001	Hospice or home hlth in home	Approved	
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	J0129	Abatacept injection	Approved	
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	L40.59	OTHER PSORIATIC ARTHROPATHY	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
BAAA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
ASEPSE	Outpatient	G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRI-TIS, LEFT KNEE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Partially Denied	Met Medical Necessity Criteria

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ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	Partially Denied	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	S72.21XK	DSP SBTROCH FX R FEMUR SB FOR CLOS FXW NONUNION	27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	Approved	Met Medical Necessity Criteria
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	S52.90XA	UNSP FRACTURE OF UNSP FOREARM, INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M41.116	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M41.116	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
ASEPSE	Outpatient	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Denied	
ASEPSE	Outpatient	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Denied	
ASEPSE	Outpatient	C83.35	DIFFUS LG B-CL LYMPH NODES OF ING RGN & LOW LMB	G6015	Radiation tx delivery imrt	Denied	
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
BAAA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	64568	OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	Approved	

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EXCHNG	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42145	PALATOPHARYNGOPLASTY	Approved	
MEDICAREADV	Outpatient	I83.811	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W PAIN	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E0961	Wheelchair brake extension	Approved	
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E0973	W/ch access det adj armrest	Approved	
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E0971	Wheelchair anti-tipping devi	Approved	
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E2611	Gen use back cush wth <22in	Approved	
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	E2601	Gen w/c cushion wth < 22 in	Approved	
EXCHNG	Outpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	K0003	Lightweight wheelchair	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M43.10	SPONDYLOLISTHESIS, SITE UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5637	Below knee total contact	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8470	Pros sock single ply bk	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5700	Replace socket below knee	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5910	Endo below knee alignable sy	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5673	Socket insert w lock mech	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8440	Shrinker below knee	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5940	Endo bk ultra-light material	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5620	Test socket below knee	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L8420	Prosthetic sock multi ply bk	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5671	Bk/ak locking mechanism	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5645	Bk flex inner socket ext fra	Approved	
FEP	Outpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	L5629	Below knee acrylic socket	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3489	Zoledronic acid 1mg	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	T85.618D	BREAKDOWN OF INTERNAL PROSTH DEV/GRFT SUBS	62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M51.360	OT INTVRT DISC DEGEN LUM RGN W DISCOG BK PN ONLY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47.9	SPONDYLOSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1033	Wheelchair hardware headrest	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1032	Wheelchair joystick drive	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2311	Electro connect btw 2 sys	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2361	22nf sealed leadacid battery	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2620	Wc planar back cush wd <22in	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2298	Pwr seat elev sys for crt	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2377	Expandable controller, initl	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2313	Pwc harness, expand control	Partially Denied	

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ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E2622	Adj skin pro w/c cus wd<22in	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E0955	Cushioned headrest	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1012	Ctr mount pwr elev leg rest	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	E1007	Pwr seat combo w/shear	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	K0861	Pwc gp3 std mult pow opt s/b	Partially Denied	
ASEPSE	Outpatient	G56.91	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	J7325	Synvisc or synvisc-one	Approved	
ABCBS	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCM-PRN MEDULLA & CORD	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	J9355	Inj trastuzumab excl biosimi	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	S93.622A	SPRAIN OF TAROMETATARSAL LIGAMENT OF L FT INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M26.633	ART DISC DISORDER OF BI TEMPORO-MANDIBULAR JOINT	29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	Approved	
SKAI_BLUE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92508	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO GROUP	Denied	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S82.92XD	UNSP FX L LOW LEG SUBS FOR CLOS FX W ROUTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Outpatient	Z48.811	ENCNTR FOR SRG AFTCR FOL SURG ON THE NERVOUS SYS	G0151	Hhcp-serv of pt,ea 15 min	Approved	
OCTAVE	Outpatient	Z48.811	ENCNTR FOR SRG AFTCR FOL SURG ON THE NERVOUS SYS	G0299	Hhs/hospice of rn ea 15 min	Approved	
OCTAVE	Outpatient	Z48.811	ENCNTR FOR SRG AFTCR FOL SURG ON THE NERVOUS SYS	G0153	Hhcp-svs of s/l path,ea 15mn	Approved	
ABCBS	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J9022	Inj, atezolizumab,10 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	J1200	Diphenhydramine hcl injectio	Approved	

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SKAI_BLUE	Medical Benefit Drug	C22.0	LIVER CELL CARCINOMA	Q5107	Inj mvasi 10 mg	Approved	
ASEPSE	Outpatient	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
SKAI_BLUE	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
OCTAVE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
BAAA	Medical Benefit Drug	D89.89	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Q5119	Inj ruxience, 10 mg	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	S16.1XXA	STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT	G0283	Elec stim other than wound	Denied	
ASEPSE	Outpatient	S29.011A	STR MUS AND TENDON OF FRONT WALL OF THORAX INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
EXCHNG	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	Z48.89	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	Z95.1	PRESENCE OF AORTOCORONARY BYPASS GRAFT	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	Approved	
BAAA	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1602	Golimumab for iv use 1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M25.541	PAIN IN JOINTS OF RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	T84.092D	MECH COMPL OF INT RIGHT KNEE PROSTH SUBS ENCNTR	27486	REVJ TOTAL KNEE ARTHRP W/WO AL-GRFT 1 COMPONENT	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
OCTAVE	Inpatient	T81.328A	DISRUPT/DEHISC CLOSURE OT INT OP (SURG) WND INIT	21627	STERNAL DEBRIDEMENT	Approved	
BAAA	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Denied	Administrative: Not a Covered Benefit
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8686	Implt nrostm pls gen sng non	Partially Denied	
ASEPSE	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	L8680	Implt neurostim elctr each	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	R22.2	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M79.641	PAIN IN RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.642	PAIN IN LEFT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	R49.1	APHONIA	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ASEPSE	Inpatient	M54.6	PAIN IN THORACIC SPINE	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	M54.6	PAIN IN THORACIC SPINE	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FXT11-T12 VERT SB FOR FX ROUT HEAL	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FXT11-T12 VERT SB FOR FX ROUT HEAL	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FXT11-T12 VERT SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	S22.080D	WDG COMPRSN FXT11-T12 VERT SB FOR FX ROUT HEAL	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
BAAA	Inpatient	D48.19	OTH NEOPLASM UNCERTAIN BEHAVIOR CONN/SOFT TISS	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
BAAA	Inpatient	R06.09	OTHER FORMS OF DYSPNEA	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	

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ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.412A	SPRAIN OF MED COLLAT LIGAMENT OF LEFT KNEE INIT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S83.412A	SPRAIN OF MED COLLAT LIGAMENT OF LEFT KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
BAAA	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ASEPSE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	J9260	Inj methotrexate sodium 50mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	Z34.81	ECTR FOR SUPRVSN OF NORMAL PRG FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	O09.511	SUPRVSN OF ELDERLY PRIMIGRAVIDA FIRST TRIMESTER	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M12.812	OTH SPECIFIC ARTHROPATHIES, NEC, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Approved	
MEDICAREADV	Outpatient	M47892	OTHER SPONDYLOSIS, CERVICAL REGION	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Approved	
FEP	Inpatient	I70.213	ATHSCL NATIVE ART EXTRM W INTRMT CLAUD BI LEGS	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S93.06XA	DLOC OF USP ANKLE JOINT INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
BAAA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2350	Injection, ocrelizumab, 1 mg	Approved	
ASEPSE	Outpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	Z98.84	BARIATRIC SURGERY STATUS	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
OCTAVE	Medical Benefit Drug	D64.3	OTHER SIDEROBLASTIC ANEMIAS	J0896	Inj luspatercept-aamt 0.25mg	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	Approved	
BAAA	Inpatient	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	58571	LAPS TOTAL HYSTERECT 250 GM/< W/ RMVL TUBE/OVARY	Approved	

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ASEPSE	Outpatient	J38.01	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M19.072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.412	MALIG NEOP OF UPPER-OUTER Q OF LEFT FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S42.022D	DSP FX OF SHAFT OF L CLAVIC SB FOR FX ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
BAAA	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.272D	CMPLX TEAR OF LAT MENS CRNT INJ LEFT KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ASEPSE	Outpatient	Z48.817	ENCNTR FOR SRG AFTCR FOL SURG ON THE SKIN SUBCU	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S99.922D	USP INJURY OF LEFT FOOT SUBSEQUENT ENCOUNTER	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	
ASEPSE	Outpatient	S99.922D	USP INJURY OF LEFT FOOT SUBSEQUENT ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M23.321	OT MENISCUS DRGM POST HORN OF MED MENISCUS R KN	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	21045	EXCISION MALIGNANT TUMOR MANDIBL RADICAL	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C02.8	MALIG NEOPLASM OF OVERLAPPING SITES OF TONGUE	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.03	SEG AND SOMATIC DYSFUNCTION OF LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ASEPSE	Outpatient	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M99.05	SEG AND SOMATIC DYSFUNCTION OF PELVIC REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ASEPSE	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	Met Medical Necessity Criteria

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ASEPSE	Outpatient	M21.542	ACQUIRED CLUBFOOT, LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
HA	Inpatient	E28.2	POLYCYSTIC OVARIAN SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Inpatient	C18.0	MALIGNANT NEOPLASM OF CECUM	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Approved	
MEDICAREADV	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
OCTAVE	Inpatient	R59.0	LOCALIZED ENLARGED LYMPH NODES	39401	MEDIASTINOSCOPY INCLUDES MEDIAS-TINAL MASS BIOPSY	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R26.81	UNSTEADINESS ON FEET	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
SKAI_BLUE	Inpatient	K56.1	INTUSSUSCEPTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J3304	Inj triamcinolone ace xr 1mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	Approved	
ABCBS	Inpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42145	PALATOPHARYNGOPLASTY	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/ BI SPX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	T82.858A	STENOSIS OF OTHER VASCULAR PROSTH DEV/GRFT, INIT	35656	BPG OTH/THN VEIN FEMORAL-POPLITEAL	Approved	
SKAI_BLUE	Inpatient	T82.858A	STENOSIS OF OTHER VASCULAR PROSTH DEV/GRFT, INIT	35372	TEAEC W/WO PATCH GRAFT DEEP PRO-FUNDA FEMORAL	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
SKAI_BLUE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30140	SUBMUCOUS RESECT INFERIOR TURBinate PRTL/COMPL	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
ASEPSE	Outpatient	M19.041	PRIMARY OSTEOARTHRITIS, RIGHT HAND	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	C79.32	SECONDARY MALIG NEOPLASM OF CEREBRAL MENINGES	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4035	Enteral feed supp pump per d	Approved	
ASEPSE	Outpatient	Z93.1	GASTROSTOMY STATUS	B4161	Ef ped hydrolyzed/amino acid	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M47.896	OTHER SPONDYLOSIS, LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M47896	OTHER SPONDYLOSIS, LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Denied	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMVL TISS MAX SINUS	Denied	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/ SPHEN TISS RMVL	Denied	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/ WO CARTILAGE GRF	Denied	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	Denied	
BAAA	Inpatient	S32.434A	NONDISP FX OF ANT COLUMN OF RIGHT ACETAB INIT	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
BAAA	Inpatient	S32.434A	NONDISP FX OF ANT COLUMN OF RIGHT ACETAB INIT	27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Partially Denied	
ASEPSE	Outpatient	Z86.73	PRSNL HX OF TIA AND CEREB INFRC W/O RESID DEF	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Partially Denied	
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEWBORN, UNSPECIFIED	E0776	Iv pole	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEWBORN, UNSPECIFIED	B9002	Enter nutr inf pump any type	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEWBORN, UNSPECIFIED	B4035	Enteral feed supp pump per d	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEWBORN, UNSPECIFIED	B4149	Ef blenderized foods	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	P76.9	INTESTINAL OBSTRUCTION OF NEWBORN, UNSPECIFIED	B4088	Gastro/jejuno tube, low-pro	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Outpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	33945	HEART TRANSPLANT WWO RECIPIENT CARDIECTOMY	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
HA	Medical Benefit Drug	D69.0	ALLERGIC PURPURA	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	S72.302D	USP FX SHAFT OF L FEMUR SB FOR CLS FX ROUT HEAL	S9131	Pt in the home per diem	Approved	
SKAI_BLUE	Outpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	A4239	Non-adju cgm supply allow	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S39.022A	LAC MUSCLE FASCIA AND TENDON OF LOWER BACK INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S62.101A	FX UNSP CARPAL BONE RIGHT WRIST INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	R47.01	APHASIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Denied	
HA	Medical Benefit Drug	D89.813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	J9038	Inj axatilimab-csfr 0.1 mg	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9129	Occupational therapy, in the	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	S9131	Pt in the home per diem	Approved	
BAAA	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Outpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	C50.911	MALIG NEOP OF UNSP SITE OF RIGHT FEMALE BREAST	J9354	Inj, ado-trastuzumab emt 1mg	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
SKAI_BLUE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ASEPSE	Outpatient	S83.512D	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KN SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31267	NSL/SINUS NDSC MAX ANTROST W/ RMLV TISS MAX SINUS	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	Approved	
ASEPSE	Outpatient	J32.4	CHRONIC PANSINUSITIS	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMLV	Approved	
ABCBS	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I70.211	ATHSCL NATIVE ART OF EXTRM W INTRMT CLAUD R LEG	34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.612	STIFFNESS OF LEFT SHOULDER NOT ELSEWHERE CLAS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	S82.151A	DISP FX OF RIGHT TIB TUBEROSITY INIT FOR CLOS FX	27540	OPEN TX INTERCONDYLAR SPINE/ TUBRST FRACTURE KNEE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
HA	Inpatient	R93.2	AB FIND ON DX IMAGING OF LIVER AND BILIARY TRACT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M24.852	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Medical Benefit Drug	K50.918	CROHN DISEASE UNSPECIFIED WITH OTHER COMPL	J2327	Inj risankizumab-rzaa 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	I42.0	DILATED CARDIOMYOPATHY	K0606	Aed garment w elec analysis	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Approved	
OCTAVE	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Approved	
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M93.959	OSTEOCHONDROPATHY UNSPECIFIED THIGH	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
EXCHNG	Medical Benefit Drug	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	I69.351	HEMIPLGA FOL CEREB INFRC AFF RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9118	Inj. calaspargase pegol-mknl	Approved	
ASEPSE	Outpatient	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
BAAA	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	F84.0	AUTISTIC DISORDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	G80.9	CEREBRAL PALSY, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
ASEPSE	Outpatient	M89.8X1	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I27.24	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	Approved	
ASEPSE	Outpatient	S32.401A	UNSP FRACTURE RIGHT ACETABULUM INIT FOR CLOS FX	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	S32.401A	UNSP FRACTURE RIGHT ACETABULUM INIT FOR CLOS FX	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	Administrative Approval
ASEPSE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	Met Medical Necessity Criteria
BAAA	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPH DENECTOMY	Approved	
ABCBS	Medical Benefit Drug	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	J0585	Injection, onabotulinumtoxinA	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	M26.609	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	R41.9	UNSP SYMP&SIGNS W COGNITIVE FUNCTIONS&AWARENESS	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	S73.191A	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J3358	Ustekinumab, iv inject, 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	S9542	Ht inj noc per diem	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	S9379	Hit noc per diem	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	G90.A	POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME [POTS]	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M43.6	TORTICOLLIS	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
BAAA	Inpatient	R91.1	SOLITARY PULMONARY NODULE	31622	BRNCHSC INCL FLUOR GDNCE DX W/ CELL WASHG SPX	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S93.402A	SPRAIN OF USP LIGAMENT OF LEFT ANKLE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S64.02XA	INJ OF ULNAR NRV AT WRSHND LV OF LEFT ARM INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	S9128	Speech therapy, in the home,	Approved	
ASEPSE	Outpatient	D64.9	ANEMIA, UNSPECIFIED	S9129	Occupational therapy, in the	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
SKAI_BLUE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Approved	
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.0	DELAYED MILESTONE IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
SKAI_BLUE	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	Approved	

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SKAI_BLUE	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51800	CSTOPLASTY/CSTOURTP PLSTC ANY	Approved	
ASEPSE	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Administrative: Insufficient Information
ASEPSE	Outpatient	G81.91	HEMIPLEGIA USP AFFECTING RIGHT DOMINANT SIDE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N94.2	VAGINISMUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.203D	OTH TEAR OF UNSP MENISCUS CRNT INJ R KNEE SUBS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9333	Inj ronzanolixizum-noli 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M50.022	CERVICAL DISC DISORDER@C5-C6 LEVEL W MYELOPATHY	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
BAAA	Medical Benefit Drug	G35.A	RELAPSING-REMITTING MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Denied	Administrative: Insufficient Information
ASEPSE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Denied	Administrative: Insufficient Information
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCM-PRN CERVICAL 1 SEG	Approved	
BAAA	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
BAAA	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTES-TINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	Q39.1	ATRESIA OF ESOPH WITH TRA-CHEO-ESOPHAGEAL FISTULA	B4088	Gastro/jejuno tube, low-pro	Approved	
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTE-RIAL GRAFT	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33256	ABLATION & RCNSTJ ATRIA EXTNSV W/ BYPASS	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81219	CALR GENE ANALYSIS COMMON VARI-ANTS IN EXON 9	Denied	
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81279	JAK2 TARGETED SEQUENCE ANALYSIS	Denied	
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Denied	
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	G0452	Molecular pathology interpr	Denied	
FEP	Outpatient	D68.61	ANTIPHOSPHOLIPID SYNDROME	81338	MPL GENE ANALYSIS COMMON VARI-ANTS	Denied	
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMA-TOID FACTOR USP	J1745	Infliximab not biosimil 10mg	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.18	MYALGIA, OTHER SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35646	BPG OTH/THN VEIN AORTOBIFEMORAL	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35331	TEAEC W/VO PATCH GRAFT ABDOMINAL AORTA	Approved	
SKAI_BLUE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
SKAI_BLUE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	Approved	
SKAI_BLUE	Inpatient	C76.0	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
BAAA	Medical Benefit Drug	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Q5115	Inj truxima 10 mg	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M75.101	UNSP ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
SKAI_BLUE	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23470	ARTHROPLASTY GLENOHUMRL JT HEMI-ARTHROPLASTY	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	C90.10	PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMIS	J2802	Inj, romiplostim 1 microgram	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	

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ASEPSE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECTJ W/ WO CARTILAGE GRF	Approved	
ASEPSE	Outpatient	M76.899	OTH ENTHESOPATHIES OF USP LOW LIMB EXCLUDING FT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
MEDICAREADV	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
MEDICAREADV	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Approved	
MEDICAREADV	Outpatient	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
MEDICAREADV	Outpatient	Z90.11	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M54.9	DORSALGIA, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Inpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	61868	STRCTC IMPLTJ NSTIM ELTRD W/ RECORD EA ARRAY	Approved	
ASEPSE	Outpatient	R27.9	UNSPECIFIED LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Approved	
BAAA	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Approved	
MEDICAREADV	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M25.69	STIFFNESS OF OTHER SPECIFIED JOINT, NEC	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	O42.90	PREM ROM 7TH0 BETW RUPT&ONST LABR USP WK OF GEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	S83.512A	SPRAIN OF ANT CRUCIATE LIGAMENT OF LEFT KNEE INI	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTST-MY LW ANAST	Approved	
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
BAAA	Inpatient	K57.00	DVTRCLI OF SM INT W PERF AND ABSCESS W/O BLEED	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9370	Vincristine sulfate 1 mg inj	Approved	
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	96416	CHEMOTX ADMNTQ INIT PROLNG CHEMOTX NFUS PMP	Approved	
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9312	Inj., rituximab, 10 mg	Approved	
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9181	Etoposide injection	Approved	
SKAI_BLUE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	J9000	Doxorubicin hcl injection	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Medical Benefit Drug	G81.12	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	J0588	Incobotulinumtoxin a	Approved	
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHDR	Partially Denied	Met Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	M50.221	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	G6015	Radiation tx delivery imrt	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Approved	
ASEPSE	Outpatient	D05.11	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	G0283	Elec stim other than wound	Partially Denied	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
BAAA	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K46.0	UNSP ABDOMINAL HERNIA WITH OBST WITHOUT GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
MEDICAREADV	Outpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M4726	OTHER SPONDYLS WITH RADICULOPATHY LUMBAR REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Pharmacy Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47.897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Q5118	Inj., zirabev, 10 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J9333	Inj rozanoliximum-noli 1 mg	Approved	
SKAI_BLUE	Medical Benefit Drug	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5107	Inj mvasi 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ARSTATEPOLICE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ARSTATEPOLICE	Outpatient	M22.2X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G81.12	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	
ASEPSE	Outpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0491	Inj anifrolumab-fnia 1mg	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Outpatient	M47.816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Denied	Did Not Meet Medical Necessity Criteria
MEDICAREADV	Pharmacy Benefit Drug	H35.3211	EXDTVE AGE MCLR DEGN R EYE W ACTV CHRDL NEOVAS	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S83.511A	SPRAIN OF ANT CRUCIATE LIGAMENT OF R KNEE INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	G62.89	OTHER SPECIFIED POLYNEUROPATHIES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	Approved	
ASEPSE	Outpatient	F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	Approved	
MEDICAREADV	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	Approved	
MEDICAREADV	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M62.838	OTHER MUSCLE SPASM	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	C50.811	MALIG NEOP OF OVRLP SITES OF RIGHT FEMALE BREAST	Q5114	Inj ogivri 10 mg	Approved	
MEDICAREADV	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
FEP	Outpatient	G47.30	SLEEP APNEA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
SKAI_BLUE	Outpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Denied	Did Not Meet Medical Necessity Criteria
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A7000	Disposable canister for pump	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	A6550	Neg pres wound ther drsg set	Approved	
ASEPSE	Outpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	E2402	Neg press wound therapy pump	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COL-ORECTAL ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R53.1	WEAKNESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
OCTAVE	Inpatient	K57.30	DVRTCLOS OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
ASEPSE	Outpatient	M76.822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C50.812	MALIG NEOP OF OVRLP SITES OF LEFT FEMALE BREAST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	G93.0	CEREBRAL CYSTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
EXCHNG	Inpatient	K35.32	AC APPENDICITIS PERF LOC PERITON/ GANGR W/O ABSCS	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	38900	INTRAOP SENTINEL LYMPH NODE ID W/ DYE INJECTION	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	64488	TAP BLOCK BILATERAL BY INJECTION(S)	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	S2068	Breast diep or siea flap	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	21600	EXCISION RIB PARTIAL	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	Approved	
SKAI_BLUE	Inpatient	C50.111	MALIG NEOP OF CENTRAL PORTION OF R FEM BREAST	38525	BX/EXC LYMPH NODE OPEN DEEP AXILARY NODE	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	E66.813	OBESITY, CLASS 3	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMEN NONC SINUS	Partially Denied	Met Medical Necessity Criteria
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6VRT SEG	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Partially Denied	Met Medical Necessity Criteria
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45110	PRCTECT COMPL CMBN ABDOMINO-PRNL W/CLST	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Inpatient	O47.00	FLS LAB BEF 37 COMPLETED WEEKS OF GEST UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
SKAI_BLUE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z98.1	ARTHRODESIS STATUS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M46.1	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
ASEPSE	Outpatient	R82.0	CHYLURIA	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M70.61	TROCHANTERIC BURSITIS, RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
FEP	Outpatient	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	M22.41	CHONDROMALACIA PATELLAE, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
SKAI_BLUE	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	
ASEPSE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M06.812	OTHER SPECIFIED RHEU ARTHRITIS LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Denied	
FEP	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Denied	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Approved	
ASEPSE	Outpatient	G89.4	CHRONIC PAIN SYNDROME	L8680	Implt neurostim elctr each	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Approved	
MEDICAREADV	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
SKAI_BLUE	Outpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	62323	NJX DX/THER SBST INTRLMNR LMBR/ SAC W/IMG GDN	Approved	
SKAI_BLUE	Outpatient	M54.12	RADICULOPATHY, CERVICAL REGION	62321	NJX DX/THER SBST INTRLMNR CRV/ THRC W/IMG GDN	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M67.912	USP DIS OF SYNOVIUM AND TENDON LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Did Not Meet Medical Necessity Criteria
OCTAVE	Medical Benefit Drug	K22.4	DYSKINESIA OF ESOPHAGUS	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
ASEPSE	Outpatient	R42	DIZZINESS AND GIDDINESS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M79.672	PAIN IN LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M62.58	MUSCLE WASTING AND ATROPHY, NEC, OTH SITE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
BAAA	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
ASEPSE	Outpatient	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M25.552	PAIN IN LEFT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M25.551	PAIN IN RIGHT HIP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	N94.10	UNSPECIFIED DYSpareunia	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	H35.3112	NEXDTVE AGE-REL MCLR DEGN R EYE INTERMED DRY STG	J2782	Inj avacincaptad pegol 0.1mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.89	OTH DEVELOPMENTAL DISORD OF SPEECH AND LANGUAGE	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Partially Denied	
ASEPSE	Outpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	J7326	Gel-one	Approved	
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20938	AUTOGRAFT SPINE SURGERY BICORT/ TRICORT SEP INC	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22830	EXPLORATION SPINAL FUSION	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22633	ARTHRODESIS COMBINED TO 1NTRSPC LUMBAR	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative Approval

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Partially Denied	Administrative Approval
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative Approval
ASEPSE	Outpatient	R63.30	FEEDING DIFFICULTIES, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
MEDICAREADV	Pharmacy Benefit Drug	E11.3411	TYPE 2 DIAB W SEV NONP RTNOP W MACU EDEMA R EYE	Q5147	Inj, aflibercept-ayyh, 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
SKAI_BLUE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	A4239	Non-adju cgm supply allow	Approved	
SKAI_BLUE	Outpatient	E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	E2103	Non-adju cgm receiver/mon	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
ARSTATEPOLICE	Outpatient	M46.96	UNSPECIFIED INFLAMMATORY SPOND LUMBAR REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	J9380	Inj teclistamab cqyv 0.5 mg	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Medical Benefit Drug	Z72.51	HIGH RISK HETEROSEXUAL BEHAVIOR	J0739	Hiv prep, inj, cabotegravir	Approved	
SKAI_BLUE	Inpatient	C25.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
SKAI_BLUE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Z3A.40	40 WEEKS GESTATION OF PREGNANCY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Partially Denied	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	H81.10	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	Met Medical Necessity Criteria
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M99.04	SEG AND SOMATIC DYSFUNCTION OF SACRAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	13160	SECONDARY CLOSURE SURG WOUND/ DEHSN EXTSV/COMPLIC	Approved	
SKAI_BLUE	Inpatient	M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Denied	

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ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Denied	
ASEPSE	Outpatient	N39.46	MIXED INCONTINENCE	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Denied	
ASEPSE	Outpatient	M25.511	PAIN IN RIGHT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ASEPSE	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
MEDICAREADV	Outpatient	S32.009A	UNSP FX UNSP LUMBAR VERTEBRA INIT FOR CLOS FX	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M18.0	BI PRIM OSTEOARTH OF FIRST CARPO-METACARP JOINTS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R10.20	PELVIC AND PERINEAL PAIN UNSPECIFIED SIDE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M75.121	COM ROTATR-CUFF TEAR/RUPTR OF R SHLD NOT TRAUMA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.532	PAIN IN LEFT WRIST	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/ THRCM ANY METHOD	Approved	
OCTAVE	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	S2900	Robotic surgical system	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	52332	CYSTO W/INSERT URETERAL STENT	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	

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SKAI_BLUE	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.861	OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Outpatient	G47.10	HYPERSOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
ASEPSE	Outpatient	S42.032D	DSP FX OF LAT END L CLAVIC SB FOR FX W ROUT HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
ASEPSE	Outpatient	M25.312	OTHER INSTABILITY, LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	S46.012A	STR MUSC/TEND THE ROTATOR CUFF OF LEFT SHLD INIT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	Approved	
EXCHNG	Inpatient	R93.5	ABN FIND ON DX IMAGING OF ABD RG INC RETPERTNM	44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
MEDICAREADV	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47816	SPONDYLS W/O MYELPATH OR RADICULOPATHY LUM RG	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria

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BAAA	Inpatient	Q20.1	DOUBLE OUTLET RIGHT VENTRICLE	33697	COMPLETE REPAIR TOF W/PULMONARY ATRESIA	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	J7326	Gel-one	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
FEP	Outpatient	H90.3	SENSORINEURAL HEARING LOSS, BILATERAL	V5257	Hearing aid, digit, mon, bte	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ABCBS	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/ STRANGULATED	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	49592	RPR AA HERNIA 1ST < 3 CM NCRC8/ STRANGULATED	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/ PRTL COLECTOMY	Approved	
SKAI_BLUE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Approved	
MEDICAREADV	Outpatient	M47817	SPONDYLS W/O MYELPATH/RADICULOPATHY LUMBOSACR RG	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Approved	
ASEPSE	Outpatient	M25.512	PAIN IN LEFT SHOULDER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	S9131	Pt in the home per diem	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	L89.224	PRESSURE ULCER OF LEFT HIP, STAGE 4	E2402	Neg press wound therapy pump	Partially Denied	
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	57288	SLING OPERATION STRESS INCONTINENCE	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	97597	DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	Approved	Met Medical Necessity Criteria

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ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Approved	Met Medical Necessity Criteria
ABCBS	Inpatient	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	51800	CSTOPLASTY/CSTOURTP PLSTC ANY	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ ANASTOMOSIS	Approved	
SKAI_BLUE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ASEPSE	Outpatient	M79.604	PAIN IN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49010	EXPL RETROPERITONEUM W/WO BX SPX	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/ CST 5.1-10 CM	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
SKAI_BLUE	Inpatient	C80.0	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	77605	HYPERThERMIA EXTERNALLY GENERATED DEEP	Approved	
ARSTATEPOLICE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	Partially Denied	
ASEPSE	Outpatient	M62.81	MUSCLE WEAKNESS (GENERALIZED)	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M25.562	PAIN IN LEFT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Denied	
ASEPSE	Outpatient	F82	SPECIFIC DEVELOPMENTAL DIS OF MOTOR FUNCTION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Denied	
ASEPSE	Outpatient	I83.10	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INF	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Denied	
ASEPSE	Outpatient	J34.2	DEVIATED NASAL SEPTUM	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/ WO CARTILAGE GRF	Approved	

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ASEPSE	Outpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	T81.31XA	DISRUPTION OF EXTERNAL OPERATION WOUND NEC INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Met Medical Necessity Criteria
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT IN-TRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Outpatient	F80.9	DEVELOPMENTAL DIS OF SPEECH AND LANGUAGE USP	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M21.371	FOOT DROP, RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M62.89	OTHER SPECIFIED DISORDERS OF MUSCLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Partially Denied	
ASEPSE	Outpatient	C71.5	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Partially Denied	
ASEPSE	Outpatient	S32.311D	DSP AVULS FX R ILIUM SUBS FOR FX W ROUNTN HEAL	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
ASEPSE	Outpatient	M54.2	CERVICALGIA	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0586	Abobotulinumtoxina	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
BAAA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
ASEPSE	Outpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Medical Benefit Drug	G35.D	MULTIPLE SCLEROSIS, UNSPECIFIED	J2323	Natalizumab injection	Approved	
BAAA	Inpatient	N18.6	END STAGE RENAL DISEASE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ASEPSE	Outpatient	F80.0	PHONOLOGICAL DISORDER	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M54.6	PAIN IN THORACIC SPINE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
BAAA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Denied	Did Not Meet Medical Necessity Criteria
ASEPSE	Outpatient	M50.01	CRV DISC DISORDER W MYELOPATHY, HIGH CRV RG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
BAAA	Medical Benefit Drug	F45.8	OTHER SOMATOFORM DISORDERS	J0585	Injection,onabotulinumtoxina	Approved	
BAAA	Medical Benefit Drug	F45.8	OTHER SOMATOFORM DISORDERS	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	33340	PERO CLSR TCAT L ATR APNDGE W/ ENDOCARDIAL IMPLNT	Approved	
MEDICAREADV	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Approved	
SKAI_BLUE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2267	Inj, mirikizumab-mrkz, 1 mg	Approved	
ASEPSE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	50544	LAPAROSCOPY SURG PYELOPLASTY	Approved	Met Medical Necessity Criteria
ASEPSE	Inpatient	N13.5	CROSSING VESS&STRIX OF URETER W/O HYDRONEPHROSIS	52332	CYSTO W/INSERT URETERAL STENT	Approved	Met Medical Necessity Criteria
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J7050	Normal saline solution infus	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1642	Inj heparin sodium per 10 u	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1720	Hydrocortisone sodium succ i	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	A4216	Sterile water/saline, 10 ml	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS / DX 1ST TO 1 HR	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J2405	Ondansetron hcl injection	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0169	Inj epinephrine (adrenalin)	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J2919	Inj, methylpred sod succ 5mg	Approved	
SKAI_BLUE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J1885	Ketorolac tromethamine inj	Approved	

LOB	Type of Authorization	Diagnosis Code	Description	Procedure Code	Description	Review Outcome	Outcome Reason
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Denied	Did Not Meet Medical Necessity Criteria
ABCBS	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
MEDICAREADV	Pharmacy Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Did Not Meet Medical Necessity Criteria
BAAA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Did Not Meet Medical Necessity Criteria
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	Approved	
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	Approved	
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Approved	
SKAI_BLUE	Inpatient	Y24.9XXA	UNSP FIREARM DISCHARGE UNDET INTENT INIT ENCNR	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D59.19	OTHER AUTOIMMUNE HEMOLYTIC ANEMIA	J1568	Octagam injection	Approved	
MEDICAREADV	Pharmacy Benefit Drug	D59.19	OTHER AUTOIMMUNE HEMOLYTIC ANEMIA	J0885	Epoetin alfa, non-esrd	Approved	
ASEPSE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ASEPSE	Outpatient	R13.10	DYSPHAGIA, UNSPECIFIED	B4155	Ef incomplete/modular	Approved	
ASEPSE	Outpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	

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ASEPSE	Outpatient	R80.0	ISOLATED PROTEINURIA	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	R27.8	OTHER LACK OF COORDINATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ASEPSE	Outpatient	M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	M72.2	PLANTAR FASCIAL FIBROMATOSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ARSTATEPOLICE	Outpatient	M25.771	OSTEOPHYTE, RIGHT ANKLE	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	Partially Denied	
ARSTATEPOLICE	Outpatient	M25.771	OSTEOPHYTE, RIGHT ANKLE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
SKAI_BLUE	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	Met Medical Necessity Criteria
ASEPSE	Outpatient	M21.6X1	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ASEPSE	Outpatient	R62.50	USP LACK EXPECTED NORM PHYSIOL DEV IN CHILDHOOD	92507	TX SPEECH LANG VOICE COMMJ &/ AUDITORY PROC IND	Approved	
ASEPSE	Outpatient	M25.561	PAIN IN RIGHT KNEE	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Partially Denied	
OCTAVE	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	O42.919	PRETRM PREM ROM USP TIME BT RUP&ONST LAB USP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I69.354	HEMIPLGA FOL CEREBRAL INFRC AFF LEFT NDOM SD	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	I71.03	DISSECTION OF THORACOABDOMINAL AORTA	75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	Approved	
EXCHNG	Inpatient	I71.03	DISSECTION OF THORACOABDOMINAL AORTA	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	