



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------------|-------------------|---|---------|-------------------------|
| ABA Services BH | ABA Services BH | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Auditory Services | Auditory Services | Hearing disorders | APPROVE | N/A |
| Auditory Services | Auditory Services | Hearing disorders | DENY | Not Medically Necessary |
| BH Med Management | BH Med Management | Opioid or barbiturate dependence | APPROVE | N/A |
| BH PHP | BH PHP | Acute alcohol intoxication | APPROVE | N/A |
| BH PHP | BH PHP | Alcohol dependence | APPROVE | N/A |
| BH PHP | BH PHP | Alcohol dependence | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Alcoholism, in remission | APPROVE | N/A |
| BH PHP | BH PHP | Amphetamine/stimulant abuse, in remission | APPROVE | N/A |
| BH PHP | BH PHP | Attention deficit disorder | APPROVE | N/A |
| BH PHP | BH PHP | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| BH PHP | BH PHP | Cocaine or amphetamine dependence | APPROVE | N/A |
| BH PHP | BH PHP | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| BH PHP | BH PHP | Mental disorders, organic & drug-induced | APPROVE | N/A |
| BH PHP | BH PHP | Opioid or barbiturate dependence | APPROVE | N/A |
| BH PHP | BH PHP | Opioid or barbiturate dependence | DENY | Admin Denial |
| BH PHP | BH PHP | Opioid or barbiturate dependence | DENY | Out of Network |
| BH PHP | BH PHP | Other drug dependence | APPROVE | N/A |
| BH PHP | BH PHP | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| BH PHP | BH PHP | Personality disorder | APPROVE | N/A |
| BH PHP | BH PHP | Post-traumatic stress disorder | APPROVE | N/A |
| BH PHP | BH PHP | Schizoaffective schizophrenia | APPROVE | N/A |
| BH PHP | BH PHP | Severe depression without psychosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Adult rheumatoid arthritis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Adult rheumatoid arthritis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Anemia of chronic diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Anemia of chronic diseases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Bone metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Chronic & unspecified lymphoid leukemia | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 3 | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 5 | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Complicated joint degeneration, knee & lower leg | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Cranial nerve disorders | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Crohn's disease | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Crohn's disease | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Demyelinating diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Diabetes mellitus w/severe retinopathy | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Encounter for chemotherapy or immunotherapy | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hemophilia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hodgkin's lymphoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hyperlipidemia, other | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Immunodeficiencies | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Immunodeficiency w/predominantly antibody defects | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Inflammation of central nervous system, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Inflammation of esophagus | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Inflammation of rectum or anus | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Inflammatory eye disease | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Inflammatory eye disease | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Invasive malignant neoplasm of large intestine | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Iron deficiency anemia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Iron deficiency anemia, from chronic blood loss | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Ischemic heart disease | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Lupus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Lupus | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Major arterial inflammation | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant central nervous system metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant liver metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant lung metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant melanoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of anus & rectum | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of bladder | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of bladder | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of cerebrum | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of cervix | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of esophagus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of female breast | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of female breast | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of kidney | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of larynx | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of nasopharynx | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of oral cavity, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of oropharynx | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of oropharynx | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of ovary | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of prostate | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, lung | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, other than lung | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of small intestine | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of small intestine & abdomen | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|--|---------|-------------------------|
| Biopharmacy | Biopharmacy | Malignant neoplasm of stomach | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of stomach | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of testes | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of thyroid gland | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of urinary organs, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of uterus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of uterus | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Mechanism of Injury | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Mechanism of Injury | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Migraine headache | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine headache | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Migraine syndromes, w/status migrainosus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine syndromes, w/status migrainosus | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Migraine, intractable | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine, intractable | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Multiple myeloma, in relapse | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple myeloma, w/o remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple myeloma, w/o remission | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Multiple myeloma, w/remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple sclerosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple sclerosis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Myasthenia gravis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Myelopathy | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Myelopathy | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Myeloproliferative disorders | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Neoplasm of female genital tract of uncertain behavior | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, aggressive | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, aggressive | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Non-malignant neoplasm of prostate, w/LUTS | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|--|---------|----------------------------------|
| Biopharmacy | Biopharmacy | Nutritional anemia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | DENY | Denial Upheld on Reconsideration |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Osteoporosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoporosis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other & unspecified diseases & disorders of eye & adnexa | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other diseases of genitourinary system | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other hematologic diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other hematologic diseases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other inflammation of skin | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other malignant neoplasm of skin, major | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - neck | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - neck | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Primary thrombocytopenia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Severe depression without psychosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe persistent asthma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe retinal vascular disorders | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe retinal vascular disorders | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Specific micronutrient malnutrition | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Systemic lupus erythematosus w/organ involvement | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Systemic sclerosis (scleroderma) | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Temporomandibular joint disorders | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Ulcerative colitis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Ulcerative colitis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Unspecified anemia | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------------|--------------------------|--|---------|-------------------------|
| Biopharmacy | Biopharmacy | Urinary incontinence | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Wet macular degeneration | APPROVE | N/A |
| Community Based Services | Community Based Services | Bipolar disorder, severe, w/o psychosis | DENY | Admin Denial |
| Community Based Services | Community Based Services | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Community Based Services | Community Based Services | Schizoaffective schizophrenia | APPROVE | N/A |
| DME | DME | -2 | DENY | Not Medically Necessary |
| DME | DME | Abnormal gait | APPROVE | N/A |
| DME | DME | Acute deep venous thrombosis, distal lower extremity and upper extremity | APPROVE | N/A |
| DME | DME | Acute respiratory distress syndrome | APPROVE | N/A |
| DME | DME | Acute respiratory distress syndrome | DENY | Not Medically Necessary |
| DME | DME | Adult rheumatoid arthritis | APPROVE | N/A |
| DME | DME | Amyotrophic lateral sclerosis | APPROVE | N/A |
| DME | DME | Cardiac congenital disorder | DENY | Not Medically Necessary |
| DME | DME | Cardiomyopathy | APPROVE | N/A |
| DME | DME | Carpal tunnel syndrome | APPROVE | N/A |
| DME | DME | Chest pain | DENY | Not Medically Necessary |
| DME | DME | Chronic bronchitis, w/emphysema | APPROVE | N/A |
| DME | DME | Chronic obstructive pulmonary disease | APPROVE | N/A |
| DME | DME | Chronic obstructive pulmonary disease | DENY | Not Medically Necessary |
| DME | DME | Chronic pain syndrome | DENY | Not Medically Necessary |
| DME | DME | Chronic respiratory failure | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation of upper extremity - shoulder | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, forearm | APPROVE | N/A |
| DME | DME | Complicated closed fracture, hand | APPROVE | N/A |
| DME | DME | Complicated joint degeneration - foot & ankle | APPROVE | N/A |
| DME | DME | Complicated joint degeneration - foot & ankle | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|---|---------|----------------------------|
| DME | DME | Complications of procedure except infection | APPROVE | N/A |
| DME | DME | Deformity of ankle or foot | APPROVE | N/A |
| DME | DME | Deformity of ankle or foot | DENY | Not Medically Necessary |
| DME | DME | Deformity of toe | APPROVE | N/A |
| DME | DME | Deformity of toe | DENY | Not Medically Necessary |
| DME | DME | Diabetes type I | APPROVE | N/A |
| DME | DME | Diabetes type II or unknown type | APPROVE | N/A |
| DME | DME | Diabetes type II or unknown type | DENY | Authorization Not Required |
| DME | DME | Diabetes type II or unknown type | DENY | Not Medically Necessary |
| DME | DME | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| DME | DME | Disorders of lymphatic channels | APPROVE | N/A |
| DME | DME | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| DME | DME | Fracture of non-cervical vertebra, w/o cord injury | APPROVE | N/A |
| DME | DME | Fracture or dislocation of hand | APPROVE | N/A |
| DME | DME | Hearing disorders | APPROVE | N/A |
| DME | DME | Hearing disorders | DENY | Not Medically Necessary |
| DME | DME | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| DME | DME | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| DME | DME | History of surgical procedure | APPROVE | N/A |
| DME | DME | History of surgical procedure | DENY | Benefits Exhausted |
| DME | DME | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| DME | DME | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| DME | DME | Ischemic heart disease | APPROVE | N/A |
| DME | DME | Ischemic heart disease | DENY | Not Medically Necessary |
| DME | DME | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| DME | DME | Joint degeneration, localized - back | APPROVE | N/A |
| DME | DME | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| DME | DME | Joint degeneration, localized - neck | APPROVE | N/A |
| DME | DME | Joint derangement - knee & lower leg | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|---|---------|-------------------------|
| DME | DME | Late effects & late complications | APPROVE | N/A |
| DME | DME | Low back pain syndrome | APPROVE | N/A |
| DME | DME | Low back pain syndrome | DENY | Not Medically Necessary |
| DME | DME | Major injury, other than fracture or dislocation - knee & lower leg | APPROVE | N/A |
| DME | DME | Minor complication of pregnancy | APPROVE | N/A |
| DME | DME | Minor joint inflammation - foot & ankle | APPROVE | N/A |
| DME | DME | Minor joint inflammation - foot & ankle | DENY | Not Medically Necessary |
| DME | DME | Minor orthopedic injury - foot & ankle | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - shoulder | APPROVE | N/A |
| DME | DME | Multiple sclerosis | APPROVE | N/A |
| DME | DME | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| DME | DME | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| DME | DME | Neurological diseases signs & symptoms | APPROVE | N/A |
| DME | DME | Non-cervical cord injury | APPROVE | N/A |
| DME | DME | Obesity, morbid | APPROVE | N/A |
| DME | DME | Obesity, morbid | DENY | Not Medically Necessary |
| DME | DME | Obstructive sleep apnea | APPROVE | N/A |
| DME | DME | Obstructive sleep apnea | DENY | Not Medically Necessary |
| DME | DME | Orthopedic deformity - back | DENY | Not Medically Necessary |
| DME | DME | Orthopedic deformity - head & face | APPROVE | N/A |
| DME | DME | Orthopedic deformity - knee & lower leg | APPROVE | N/A |
| DME | DME | Osteoarthritis of foot and ankle | APPROVE | N/A |
| DME | DME | Osteoarthritis of foot and ankle | DENY | Not Medically Necessary |
| DME | DME | Osteoarthritis of knee | APPROVE | N/A |
| DME | DME | Osteoarthritis of shoulder | APPROVE | N/A |
| DME | DME | Other and unspecified asthma | APPROVE | N/A |
| DME | DME | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - foot & ankle | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - thigh, hip & pelvis | DENY | Not Medically Necessary |



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| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------|--------------|---|---------|-------------------------|
| DME | DME | Other orthopedic disorders - unspecified | APPROVE | N/A |
| DME | DME | Other pulmonary disorders | APPROVE | N/A |
| DME | DME | Other sleep disorders | APPROVE | N/A |
| DME | DME | Paraplegia | DENY | Not Medically Necessary |
| DME | DME | Pregnancy, not yet delivered | DENY | Not Medically Necessary |
| DME | DME | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| DME | DME | Quadriplegia | APPROVE | N/A |
| DME | DME | Tarsal fracture | APPROVE | N/A |
| DME | DME | Traumatic disorders of non-cranial nerves | APPROVE | N/A |
| DME | DME | Type 2 diabetes melitus, with neuropathy | APPROVE | N/A |
| DME | DME | Type 2 diabetes melitus, with neuropathy | DENY | Not Medically Necessary |
| DME | DME | Type 2 diabetes mellitus, with nephropathy | APPROVE | N/A |
| DME | DME | Type 2 diabetes mellitus, with retinopathy | APPROVE | N/A |
| DME | DME | Vertebral compression fracture | APPROVE | N/A |
| Drug Testing | Drug Testing | Acute alcohol intoxication | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Alcohol dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Alcohol dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Alcoholism, in remission | APPROVE | N/A |
| Drug Testing | Drug Testing | Amphetamine/stimulant abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Cannabis, hallucinogen and/or other psychoactive substance abuse/dependence, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Chronic pain syndrome | APPROVE | N/A |
| Drug Testing | Drug Testing | Chronic pain syndrome | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Cocaine abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Cocaine or amphetamine dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Joint degeneration, localized - back | APPROVE | N/A |
| Drug Testing | Drug Testing | Mental disorders, organic & drug-induced | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | APPROVE | N/A |



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| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---|---|--|---------|----------------------------------|
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Authorization Not Required |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Opioid abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Opioid or barbiturate dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Drug Testing | Drug Testing | Other drug dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Other drug dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Other epilepsy, intractable | APPROVE | N/A |
| Drug Testing | Drug Testing | Other substance abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Panic disorder | DENY | Not Medically Necessary |
| Electroconvulsive Therapy | Electroconvulsive Therapy | Severe depression without psychosis | DENY | Admin Denial |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Agoraphobia | DENY | Denial Upheld on Reconsideration |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Agoraphobia | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Altered mental status | DENY | Denial Upheld on Reconsideration |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Cardiac arrest | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Cardiomyopathy | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Conditions associated with infertility | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Elevated PSA | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Encounters for specialized testing | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant liver metastases | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of anus & rectum | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of cerebrum | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of esophagus | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of eye, internal | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of female breast | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of female breast | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of oropharynx | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of prostate | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Multiple gestation | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|----------------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Multiple sclerosis | DENY | Denial Upheld on Reconsideration |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-malignant neoplasm of thyroid gland | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-toxic goiter | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other hematologic diseases | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Ovarian cyst | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Personal history of malignancy | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Pregnancy, not yet delivered | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Pregnancy, not yet delivered | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Prior medical history (personal or family) affecting current health service utilization | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Severe depression without psychosis | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Solid organ transplant status | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Solitary cyst of breast | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Spontaneous abortion | DENY | Not Medically Necessary |
| Home Health | Home Health | Acute heart failure | APPROVE | N/A |
| Home Health | Home Health | Acute pancreatitis | APPROVE | N/A |
| Home Health | Home Health | Acute renal failure | APPROVE | N/A |
| Home Health | Home Health | Acute respiratory distress syndrome | APPROVE | N/A |
| Home Health | Home Health | Artificial opening status | APPROVE | N/A |
| Home Health | Home Health | Atherosclerosis, w/rest pain | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|--|---------|-------------------|
| Home Health | Home Health | Bacterial infection of skin | APPROVE | N/A |
| Home Health | Home Health | Bowel obstruction | APPROVE | N/A |
| Home Health | Home Health | Burns | APPROVE | N/A |
| Home Health | Home Health | Cardiac arrest | APPROVE | N/A |
| Home Health | Home Health | Cerebral thrombosis | APPROVE | N/A |
| Home Health | Home Health | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Home Health | Home Health | Chronic pain syndrome | APPROVE | N/A |
| Home Health | Home Health | Chronic respiratory failure | APPROVE | N/A |
| Home Health | Home Health | Closed fracture of pelvis | APPROVE | N/A |
| Home Health | Home Health | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Home Health | Home Health | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Home Health | Home Health | Complications of procedure except infection | APPROVE | N/A |
| Home Health | Home Health | Congenital malformation of CNS | APPROVE | N/A |
| Home Health | Home Health | Cranial nerve disorders | APPROVE | N/A |
| Home Health | Home Health | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Home Health | Home Health | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Home Health | Home Health | Disorders of lymphatic channels | APPROVE | N/A |
| Home Health | Home Health | Diverticulitis | APPROVE | N/A |
| Home Health | Home Health | Diverticulitis with hemorrhage | APPROVE | N/A |
| Home Health | Home Health | Dysphagia | APPROVE | N/A |
| Home Health | Home Health | Electrolyte imbalance | APPROVE | N/A |
| Home Health | Home Health | Fatigue | APPROVE | N/A |
| Home Health | Home Health | Gastritis and/or duodenitis, w/hemorrhage | APPROVE | N/A |
| Home Health | Home Health | Gout | APPROVE | N/A |
| Home Health | Home Health | Heart failure with exclusively diastolic dysfunction | APPROVE | N/A |
| Home Health | Home Health | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Home Health | Home Health | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Home Health | Home Health | History of surgical procedure | APPROVE | N/A |
| Home Health | Home Health | Hypertension | APPROVE | N/A |
| Home Health | Home Health | Hypertensive heart disease w/heart failure | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Home Health | Home Health | Hypertensive heart disease w/heart failure & chronic kidney disease | APPROVE | N/A |
| Home Health | Home Health | Hypoglycemia | APPROVE | N/A |
| Home Health | Home Health | Infection of lower genitourinary system, not sexually transmitted | APPROVE | N/A |
| Home Health | Home Health | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Home Health | Home Health | Intussusception/volvulus | APPROVE | N/A |
| Home Health | Home Health | Iron deficiency anemia | APPROVE | N/A |
| Home Health | Home Health | Ischemic heart disease | APPROVE | N/A |
| Home Health | Home Health | Late effects & late complications | APPROVE | N/A |
| Home Health | Home Health | Major arterial inflammation | APPROVE | N/A |
| Home Health | Home Health | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Home Health | Home Health | Major specific procedures not classified elsewhere | DENY | Not Medically Necessary |
| Home Health | Home Health | Malignant neoplasm of cervix | APPROVE | N/A |
| Home Health | Home Health | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Home Health | Home Health | Multiple sclerosis | APPROVE | N/A |
| Home Health | Home Health | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Home Health | Home Health | Neurological diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | Open wound - foot & ankle | APPROVE | N/A |
| Home Health | Home Health | Orthopedic aftercare | APPROVE | N/A |
| Home Health | Home Health | Orthopedic aftercare | DENY | Not Medically Necessary |
| Home Health | Home Health | Osteoarthritis of knee | APPROVE | N/A |
| Home Health | Home Health | Osteoarthritis of shoulder | APPROVE | N/A |
| Home Health | Home Health | Other & unspecified diabetes mellitus, with neuropathy | APPROVE | N/A |
| Home Health | Home Health | Other diseases of endocrine glands | APPROVE | N/A |
| Home Health | Home Health | Other diseases of hepatobiliary system | APPROVE | N/A |
| Home Health | Home Health | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Home Health | Home Health | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Home Health | Home Health | Postoperative infections | APPROVE | N/A |
| Home Health | Home Health | Postphlebotic syndrome & venous hypertension w/complication | APPROVE | N/A |
| Home Health | Home Health | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | Quadriplegia | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|---|---------|-------------------------|
| Home Health | Home Health | Soft tissue ulceration, advanced stage | APPROVE | N/A |
| Home Health | Home Health | Systemic inflammatory response syndrome | APPROVE | N/A |
| Home Health | Home Health | Unspecified anemia | APPROVE | N/A |
| Hospice Services | Hospice Services | Alcohol related cirrhosis | APPROVE | N/A |
| Hospice Services | Hospice Services | Bacterial infection of skin | APPROVE | N/A |
| Hospice Services | Hospice Services | Chronic & unspecified myeloid leukemia | APPROVE | N/A |
| Hospice Services | Hospice Services | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Hospice Services | Hospice Services | Macronutrient malnutrition, severe | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of bone | APPROVE | N/A |
| Hospice Services | Hospice Services | Non-malignant neoplasm of ear/nose/throat | APPROVE | N/A |
| Hospice Services | Hospice Services | Other malignant neoplasm | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Acute alcohol intoxication | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Alcohol dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Other drug dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Other drug dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-MH | Agoraphobia | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Attention deficit disorder | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Personality disorder | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Psychotic & schizophrenic disorders | DENY | Out of Network |
| Hospital Admission | BH RTC-MH | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Fetal complication in pregnancy | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Obstetric signs & symptoms | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|---------------------------|---|---------|-------------------------|
| Hospital Admission | C-Section Delivery | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, w/severe preeclampsia & eclampsia | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Preterm labor | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Alcohol dependence | DENY | Not Medically Necessary |
| Hospital Admission | Chemical/Substance Abuse | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Hospital Admission | Chemical/Substance Abuse | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Not Medically Necessary |
| Hospital Admission | Chemical/Substance Abuse | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Hospital Admission | Chemical/Substance Abuse | Other drug dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Crisis Stabilization Unit | Schizoaffective schizophrenia | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Infection of bone & joint - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Other inflammation of intestines & abdomen | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|----------------------|--|---------|-------------------------------|
| Hospital Admission | Long Term Acute Care | Pneumonia, w/abscess | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Severe ventricular rhythms | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Shock | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Vascular diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal abscess | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal pain | APPROVE | N/A |
| Hospital Admission | Medical | Acid-base disorders | APPROVE | N/A |
| Hospital Admission | Medical | Acute blood loss anemia | APPROVE | N/A |
| Hospital Admission | Medical | Acute bronchitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute cystitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute deep venous thrombosis, jugular & subclavian | APPROVE | N/A |
| Hospital Admission | Medical | Acute deep venous thrombosis, proximal lower extremity | APPROVE | N/A |
| Hospital Admission | Medical | Acute heart failure | APPROVE | N/A |
| Hospital Admission | Medical | Acute myeloid leukemia | APPROVE | N/A |
| Hospital Admission | Medical | Acute myeloid leukemia, in remission | APPROVE | N/A |
| Hospital Admission | Medical | Acute myocardial infarction | APPROVE | N/A |
| Hospital Admission | Medical | Acute pain syndromes | APPROVE | N/A |
| Hospital Admission | Medical | Acute pancreatitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute pancreatitis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Acute renal failure | APPROVE | N/A |
| Hospital Admission | Medical | Acute renal failure | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Acute upper respiratory infection, unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Agoraphobia | DENY | Lack of Provider Notification |
| Hospital Admission | Medical | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Medical | Alcohol related cirrhosis | APPROVE | N/A |
| Hospital Admission | Medical | Alcoholic and other toxic hepatitis | APPROVE | N/A |
| Hospital Admission | Medical | Altered mental status | APPROVE | N/A |
| Hospital Admission | Medical | Anemia of chronic diseases | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|----------------------------------|
| Hospital Admission | Medical | Aneurysm of heart & coronary vessels | APPROVE | N/A |
| Hospital Admission | Medical | Appendicitis | APPROVE | N/A |
| Hospital Admission | Medical | Appendicitis | DENY | Denial Upheld on Reconsideration |
| Hospital Admission | Medical | Arterial aneurysm, except aorta | APPROVE | N/A |
| Hospital Admission | Medical | Ascites | APPROVE | N/A |
| Hospital Admission | Medical | Asthma exacerbation without mention of status asthmaticus | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Hospital Admission | Medical | Atrial fibrillation | APPROVE | N/A |
| Hospital Admission | Medical | Atrial fibrillation | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Atrial flutter | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial & fungal meningitis | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial infection of skin | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial lung infections | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Biliary obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Bowel obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Burns | APPROVE | N/A |
| Hospital Admission | Medical | Burns, <10% body surface | APPROVE | N/A |
| Hospital Admission | Medical | COVID-19 | APPROVE | N/A |
| Hospital Admission | Medical | CVA w/hemiplegia | APPROVE | N/A |
| Hospital Admission | Medical | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Cardiac arrest | APPROVE | N/A |
| Hospital Admission | Medical | Cardiac tamponade | APPROVE | N/A |
| Hospital Admission | Medical | Cardiomyopathy | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral embolism | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Medical | Chest pain | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|----------------------------------|
| Hospital Admission | Medical | Chest pain | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Chest trauma, closed | APPROVE | N/A |
| Hospital Admission | Medical | Cholecystitis | APPROVE | N/A |
| Hospital Admission | Medical | Cholecystitis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Cholelithiasis | APPROVE | N/A |
| Hospital Admission | Medical | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Hospital Admission | Medical | Chronic pancreatitis | APPROVE | N/A |
| Hospital Admission | Medical | Chronic renal failure | APPROVE | N/A |
| Hospital Admission | Medical | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture of pelvis | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of lower extremity - knee & lower leg | DENY | Admin Denial |
| Hospital Admission | Medical | Closed fracture or dislocation of trunk | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of upper extremity - shoulder | APPROVE | N/A |
| Hospital Admission | Medical | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Medical | Combined systolic and diastolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Medical | Complicated brain injury | APPROVE | N/A |
| Hospital Admission | Medical | Conditions associated with menstruation | APPROVE | N/A |
| Hospital Admission | Medical | Constipation | APPROVE | N/A |
| Hospital Admission | Medical | Cough | APPROVE | N/A |
| Hospital Admission | Medical | Crohn's disease | APPROVE | N/A |
| Hospital Admission | Medical | Crushing injury | APPROVE | N/A |
| Hospital Admission | Medical | Dehydration | APPROVE | N/A |
| Hospital Admission | Medical | Demyelinating diseases | APPROVE | N/A |
| Hospital Admission | Medical | Dermatological signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type I with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II or unknown type | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II or unknown type | DENY | Denial Upheld on Reconsideration |
| Hospital Admission | Medical | Diabetes type II or unknown type | DENY | Not Medically Necessary |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Diabetes type II with coma | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II with hyperosmolarity | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Hospital Admission | Medical | Diabetic ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Dissecting aneurysm, thoracic and abdominal | APPROVE | N/A |
| Hospital Admission | Medical | Diverticulitis | APPROVE | N/A |
| Hospital Admission | Medical | Diverticulitis & diverticulosis | APPROVE | N/A |
| Hospital Admission | Medical | Dizziness | APPROVE | N/A |
| Hospital Admission | Medical | Dysphagia | APPROVE | N/A |
| Hospital Admission | Medical | Ectopic pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Edema | APPROVE | N/A |
| Hospital Admission | Medical | Electrolyte imbalance | APPROVE | N/A |
| Hospital Admission | Medical | Endocarditis | APPROVE | N/A |
| Hospital Admission | Medical | Endocrine disease signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Endocrine disease signs & symptoms | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Enlarged liver or spleen | APPROVE | N/A |
| Hospital Admission | Medical | Enlarged lymph nodes | APPROVE | N/A |
| Hospital Admission | Medical | External eye infection, except conjunctivitis | APPROVE | N/A |
| Hospital Admission | Medical | Fatigue | APPROVE | N/A |
| Hospital Admission | Medical | Fever | APPROVE | N/A |
| Hospital Admission | Medical | Fluid overload | APPROVE | N/A |
| Hospital Admission | Medical | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Hospital Admission | Medical | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Medical | Fungal & other pneumonia | APPROVE | N/A |
| Hospital Admission | Medical | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Headache | APPROVE | N/A |
| Hospital Admission | Medical | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Hospital Admission | Medical | Hematuria | APPROVE | N/A |
| Hospital Admission | Medical | Hemorrhage in pregnancy | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|----------------------------------|
| Hospital Admission | Medical | Hepatitis B, w/o coma | APPROVE | N/A |
| Hospital Admission | Medical | Hiatal hernia | APPROVE | N/A |
| Hospital Admission | Medical | Hyperemesis gravidarum | APPROVE | N/A |
| Hospital Admission | Medical | Hypertension | APPROVE | N/A |
| Hospital Admission | Medical | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Hypertensive urgency/emergency | APPROVE | N/A |
| Hospital Admission | Medical | Hypertensive urgency/emergency | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Hypoglycemia | APPROVE | N/A |
| Hospital Admission | Medical | Hypotension | APPROVE | N/A |
| Hospital Admission | Medical | Hypotension | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Hospital Admission | Medical | Infection of bone & joint - knee & lower leg | DENY | Denial Upheld on Reconsideration |
| Hospital Admission | Medical | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Infection of lower genitourinary system, not sexually transmitted | APPROVE | N/A |
| Hospital Admission | Medical | Infection of ovary &/or fallopian tubes | APPROVE | N/A |
| Hospital Admission | Medical | Infectious diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Inflammation of esophagus | APPROVE | N/A |
| Hospital Admission | Medical | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Hospital Admission | Medical | Inflammatory eye disease | APPROVE | N/A |
| Hospital Admission | Medical | Influenza | APPROVE | N/A |
| Hospital Admission | Medical | Intussusception/volvulus | APPROVE | N/A |
| Hospital Admission | Medical | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Hospital Admission | Medical | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Medical | Ischemic heart disease | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Admin Denial |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Joint degeneration, localized - back | APPROVE | N/A |
| Hospital Admission | Medical | Late effects & late complications | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Low back pain syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Major eye trauma | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of connective tissue | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of prostate | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of stomach | APPROVE | N/A |
| Hospital Admission | Medical | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Medical | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | Medical | Metabolic disorders causing systemic disease | APPROVE | N/A |
| Hospital Admission | Medical | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Minor orthopedic injury - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Multiple sclerosis | APPROVE | N/A |
| Hospital Admission | Medical | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Hospital Admission | Medical | Myelopathy | APPROVE | N/A |
| Hospital Admission | Medical | Nausea and vomiting | APPROVE | N/A |
| Hospital Admission | Medical | Nausea and vomiting | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Necrotizing fasciitis | APPROVE | N/A |
| Hospital Admission | Medical | Nephrology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Neutropenia | APPROVE | N/A |
| Hospital Admission | Medical | Non-Hodgkin's lymphoma, aggressive | APPROVE | N/A |
| Hospital Admission | Medical | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Hospital Admission | Medical | Non-malignant neoplasm of female genital tract | APPROVE | N/A |
| Hospital Admission | Medical | Open fracture or dislocation, knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Open wound - trunk | APPROVE | N/A |
| Hospital Admission | Medical | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | Medical | Orchitis | APPROVE | N/A |
| Hospital Admission | Medical | Other and unspecified asthma | APPROVE | N/A |
| Hospital Admission | Medical | Other cardiac diseases | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Other conduction disorders | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases & disorders of rectum & anus | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of endocrine glands | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of genitourinary system | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of veins | APPROVE | N/A |
| Hospital Admission | Medical | Other drug dependence | APPROVE | N/A |
| Hospital Admission | Medical | Other epilepsy syndromes | APPROVE | N/A |
| Hospital Admission | Medical | Other epilepsy, with status epilepticus | APPROVE | N/A |
| Hospital Admission | Medical | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Medical | Other hematologic diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious hepatitis, w/o coma | APPROVE | N/A |
| Hospital Admission | Medical | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other inflammation of intestines & abdomen | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other inflammation of skin | APPROVE | N/A |
| Hospital Admission | Medical | Other inflammatory lung diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other intracranial neoplasm | APPROVE | N/A |
| Hospital Admission | Medical | Other metabolic disorders | APPROVE | N/A |
| Hospital Admission | Medical | Other neurological diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other neurological diseases | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Other pulmonary disorders | APPROVE | N/A |
| Hospital Admission | Medical | Other renal conditions | APPROVE | N/A |
| Hospital Admission | Medical | Other sleep disorders | APPROVE | N/A |
| Hospital Admission | Medical | Paroxysmal atrial tachycardia | APPROVE | N/A |
| Hospital Admission | Medical | Peritonitis | APPROVE | N/A |
| Hospital Admission | Medical | Pneumonia, w/abscess | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Poisonings & toxic effects of drugs | APPROVE | N/A |
| Hospital Admission | Medical | Postoperative infections | APPROVE | N/A |
| Hospital Admission | Medical | Postoperative infections | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, w/mild preeclampsia | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, w/severe preeclampsia & eclampsia | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | Medical | Prior medical history (personal or family) affecting current health service utilization | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Psoriasis | APPROVE | N/A |
| Hospital Admission | Medical | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonary embolism | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonary heart disease | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonology diseases signs & symptoms | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Pyelonephritis, complicated | APPROVE | N/A |
| Hospital Admission | Medical | Pyelonephritis, uncomplicated | APPROVE | N/A |
| Hospital Admission | Medical | Rupture of uterus during pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Secondary hypertension | APPROVE | N/A |
| Hospital Admission | Medical | Seizures and convulsions | APPROVE | N/A |
| Hospital Admission | Medical | Seizures and convulsions | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Septic shock | APPROVE | N/A |
| Hospital Admission | Medical | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | Medical | Severe heart block | APPROVE | N/A |
| Hospital Admission | Medical | Severe persistent asthma, with acute exacerbation | APPROVE | N/A |
| Hospital Admission | Medical | Shock | APPROVE | N/A |
| Hospital Admission | Medical | Shortness of breath | APPROVE | N/A |
| Hospital Admission | Medical | Shortness of breath | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Sickle-cell anemia & variants, w/crisis | APPROVE | N/A |
| Hospital Admission | Medical | Skin trauma, except burn & open wound - head & face | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Skin trauma, except burn & open wound - trunk | APPROVE | N/A |
| Hospital Admission | Medical | Spontaneous abortion | APPROVE | N/A |
| Hospital Admission | Medical | Status asthmaticus | APPROVE | N/A |
| Hospital Admission | Medical | Stones in kidney | APPROVE | N/A |
| Hospital Admission | Medical | Stones in ureter | APPROVE | N/A |
| Hospital Admission | Medical | Subendocardial infarction | APPROVE | N/A |
| Hospital Admission | Medical | Subendocardial infarction | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Medical | Syncope and collapse | APPROVE | N/A |
| Hospital Admission | Medical | Syncope and collapse | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Systemic inflammatory response syndrome | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Systolic heart failure | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Medical | Threatened labor | APPROVE | N/A |
| Hospital Admission | Medical | Transient ischemic attack | APPROVE | N/A |
| Hospital Admission | Medical | Transient ischemic attack | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Trauma of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | Medical | Traumatic compartment syndrome, upper extremity | APPROVE | N/A |
| Hospital Admission | Medical | Traumatic subdural/subarachnoid hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Type 2 diabetes mellitus, with vascular complications | APPROVE | N/A |
| Hospital Admission | Medical | Ulcer, w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Ulcer, w/perforation | APPROVE | N/A |
| Hospital Admission | Medical | Ulcerative colitis | APPROVE | N/A |
| Hospital Admission | Medical | Uncomplicated neonatal management | APPROVE | N/A |
| Hospital Admission | Medical | Unspecified anemia | APPROVE | N/A |
| Hospital Admission | Medical | Unspecified tachycardia | APPROVE | N/A |
| Hospital Admission | Medical | Urinary incontinence | APPROVE | N/A |
| Hospital Admission | Medical | Urological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Uterine leiomyoma | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------------|---|---------|---------------------|
| Hospital Admission | Medical | Viral pneumonia | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, very low, 1000 - 1499 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, low, 1500 - 2499 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Mild preterm infant , 32-36 weeks gestation | APPROVE | N/A |
| Hospital Admission | Neonate | Neonatal respiratory distress syndrome and related conditios | APPROVE | N/A |
| Hospital Admission | Neonate | Other neonatal disorders, perinatal origin | APPROVE | N/A |
| Hospital Admission | Neonate | Uncomplicated neonatal management | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Agoraphobia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Alcoholism, in remission | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Anxiety disorder or phobias | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Bipolar disorder, w/psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Conduct disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Depression, w/psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Depression, w/psychosis | DENY | Loss of Eligibility |
| Hospital Admission | Psychiatric Admission | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Mood disorder, bipolar | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Mood disorder, bipolar | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Other drug dependence | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Paranoid schizophrenia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Personality disorder | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Personality disorder | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Post-traumatic stress disorder | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychiatric diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychotic & schizophrenic disorders | DENY | Admin Denial |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------------|---|---------|-------------------------------|
| Hospital Admission | Psychiatric Admission | Psychotic & schizophrenic disorders | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Schizoaffective schizophrenia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Severe depression without psychosis | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Suicidal and homicidal ideation | DENY | Admin Denial |
| Hospital Admission | Rehab Inpatient | Acute deep venous thrombosis, proximal lower extremity | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Bowel obstruction | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | COVID-19 | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Closed fracture of pelvis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Fatigue | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Gastroenterology diseases signs & symptoms | DENY | Lack of Provider Notification |
| Hospital Admission | Rehab Inpatient | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Myelopathy | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Non-cervical cord injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Osteoarthritis of knee | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other renal conditions | DENY | Not Medically Necessary |
| Hospital Admission | Rehab Inpatient | Skin trauma, except burn & open wound - hip & thigh | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Traumatic subdural/subarachnoid hemorrhage | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------|--|---------|-------------------------|
| Hospital Admission | Skilled Nursing | Abdominal abscess | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Complicated closed fracture, ankle | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Congenital disorders of central nervous system | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Frostbite | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Hypertension | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Myelopathy | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Neurological diseases signs & symptoms | DENY | Not Medically Necessary |
| Hospital Admission | Skilled Nursing | Non-malignant neoplasm of ear/nose/throat | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Spinal abscess | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Surgical | Abdominal mass or swelling | APPROVE | N/A |
| Hospital Admission | Surgical | Acute myelitis | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Aortic aneurysm | APPROVE | N/A |
| Hospital Admission | Surgical | Aortic stenosis and insufficiency | APPROVE | N/A |
| Hospital Admission | Surgical | Appendicitis | APPROVE | N/A |
| Hospital Admission | Surgical | Arterial aneurysm, except aorta | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|-------------------------|
| Hospital Admission | Surgical | Artificial opening status | APPROVE | N/A |
| Hospital Admission | Surgical | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Hospital Admission | Surgical | Atrial fibrillation | APPROVE | N/A |
| Hospital Admission | Surgical | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Surgical | Bowel obstruction | APPROVE | N/A |
| Hospital Admission | Surgical | Burns, <10% body surface | APPROVE | N/A |
| Hospital Admission | Surgical | Carcinoma in situ of cervix | APPROVE | N/A |
| Hospital Admission | Surgical | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Surgical | Chest trauma, open | APPROVE | N/A |
| Hospital Admission | Surgical | Cholecystitis | APPROVE | N/A |
| Hospital Admission | Surgical | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Surgical | Closed fracture or dislocation of trunk | APPROVE | N/A |
| Hospital Admission | Surgical | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Hospital Admission | Surgical | Complicated varicose veins | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Conditions associated with menstruation | APPROVE | N/A |
| Hospital Admission | Surgical | Degeneration of neck, w/myelopathy | APPROVE | N/A |
| Hospital Admission | Surgical | Diabetes type II or unknown type | APPROVE | N/A |
| Hospital Admission | Surgical | Diverticulitis | APPROVE | N/A |
| Hospital Admission | Surgical | Ectopic pregnancy | APPROVE | N/A |
| Hospital Admission | Surgical | Enlarged lymph nodes | APPROVE | N/A |
| Hospital Admission | Surgical | Fetal complication in pregnancy | APPROVE | N/A |
| Hospital Admission | Surgical | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Surgical | Headache | APPROVE | N/A |
| Hospital Admission | Surgical | Hernia, w/obstruction | APPROVE | N/A |
| Hospital Admission | Surgical | Hiatal hernia | APPROVE | N/A |
| Hospital Admission | Surgical | Incisional hernia | APPROVE | N/A |
| Hospital Admission | Surgical | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Hospital Admission | Surgical | Inflammation of esophagus | APPROVE | N/A |
| Hospital Admission | Surgical | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Hospital Admission | Surgical | Inflammatory condition of female genital tract, except endometriosis | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Surgical | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Hospital Admission | Surgical | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Surgical | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Surgical | Joint degeneration, localized - back | APPROVE | N/A |
| Hospital Admission | Surgical | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Joint degeneration, localized - neck | APPROVE | N/A |
| Hospital Admission | Surgical | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Late effects & late complications | APPROVE | N/A |
| Hospital Admission | Surgical | Major other arterial disease | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of connective tissue | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of female breast | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of kidney | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of ovary | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of urinary organs, other | APPROVE | N/A |
| Hospital Admission | Surgical | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Hospital Admission | Surgical | Mechanical complications of internal orthopedic device | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Menorrhagia | APPROVE | N/A |
| Hospital Admission | Surgical | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Surgical | Mitral insufficiency | APPROVE | N/A |
| Hospital Admission | Surgical | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Hospital Admission | Surgical | Non-malignant neoplasm of central nervous system | APPROVE | N/A |
| Hospital Admission | Surgical | Obesity, morbid | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| Hospital Admission | Surgical | Open fracture or dislocation, knee & lower leg | APPROVE | N/A |
| Hospital Admission | Surgical | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Osteoarthritis of shoulder | DENY | Not Medically Necessary |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---------------------------|---------------------------|---|---------|-------------------------|
| Hospital Admission | Surgical | Other diseases of female genital tract | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of genitourinary system | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of veins | APPROVE | N/A |
| Hospital Admission | Surgical | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Surgical | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Personal history of malignancy | APPROVE | N/A |
| Hospital Admission | Surgical | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Hospital Admission | Surgical | Seizures and convulsions | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of neck | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Stones in kidney | APPROVE | N/A |
| Hospital Admission | Surgical | Umbilical hernia with obstruction | APPROVE | N/A |
| Hospital Admission | Surgical | Uterine leiomyoma | APPROVE | N/A |
| Hospital Admission | Surgical | Ventral hernia | APPROVE | N/A |
| Hospital Admission | Transplant | Solid organ transplant status | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Spontaneous abortion | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Infertility | Infertility | Conditions associated with infertility | APPROVE | N/A |
| Infertility | Infertility | Endometriosis | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|--|---------|-------------------------|
| Inpatient Services (S&P) | Inpatient Services (S&P) | Complicated joint degeneration - unspecified joint | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Degeneration of neck, w/myelopathy | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Joint degeneration, localized - back | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Joint degeneration, localized - neck | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Late effects & late complications | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Mechanical complications of internal orthopedic device | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Minor orthopedic injury - shoulder | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Other diseases of spinal cord | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of neck | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Agoraphobia | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Admin Denial |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Not Medically Necessary |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcoholism, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Amphetamine/stimulant abuse, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------|
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cannabis, hallucinogen and/or other psychoactive substance abuse/dependence, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cocaine or amphetamine dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Depression, w/psychosis | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Hebephrenia | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Mood disorder, bipolar | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid abuse, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid or barbiturate dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Other drug dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Post-traumatic stress disorder | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Severe depression without psychosis | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Complications of procedure except infection | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Diabetes type I | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Gastroenterology diseases signs & symptoms | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------------------|-----------------------------|--|---------|-------------------------|
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Joint degeneration, localized - neck | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Malignant central nervous system metastases | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Obstructive sleep apnea | APPROVE | N/A |
| Outpatient BH/SUD Services | Outpatient BH/SUD Services | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Outpatient BH/SUD Services | Outpatient BH/SUD Services | Major depression, in full remission | APPROVE | N/A |
| Outpatient BH/SUD Services | Outpatient BH/SUD Services | Opioid abuse, in remission | DENY | Admin Denial |
| Outpatient BH/SUD Services | Outpatient BH/SUD Services | Severe depression without psychosis | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Abdominal pain | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Anemia of chronic diseases | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Carpal tunnel syndrome | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Diabetes type II or unknown type | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Edema | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Fetal complication in pregnancy | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Gastroenterology diseases signs & symptoms | DENY | Not Medically Necessary |
| Outpatient Services | Outpatient Services | Gender dysphoria | APPROVE | N/A |
| Outpatient Services | Outpatient Services | History of surgical procedure | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Infection of vagina except monilial | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Infection of vagina except monilial | DENY | Admin Denial |
| Outpatient Services | Outpatient Services | Malignant central nervous system metastases | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---------------------|---------------------|--|---------|----------------------------------|
| Outpatient Services | Outpatient Services | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Obstructive sleep apnea | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Other diseases of female genital tract | DENY | Denial Upheld on Reconsideration |
| Outpatient Services | Outpatient Services | Other epilepsy syndromes | DENY | Not Medically Necessary |
| Outpatient Services | Outpatient Services | Other neurological diseases | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Pregnancy, not yet delivered | DENY | Denial Upheld on Reconsideration |
| Outpatient Services | Outpatient Services | Sequela of Late effects & late complications | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Acute myelitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Acute pain syndromes | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Adhesive capsulitis, shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, w/ulcerations | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Benign osteochondropathies of lower extremity | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Carpal tunnel syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Cerebral thrombosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Cerebral thrombosis | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Cerebral vascular disease | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Chronic pain syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Chronic pain syndrome | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Chronic renal failure, w/ESRD | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Chronic sinusitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Cleft lip & palate | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Complicated varicose veins | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of toe | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of toe | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|--|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Degeneration of neck, w/radiculopathy | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Degenerative conditions of eyelids, major | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Dermatological signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Edema | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Erectile dysfunction | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Fatigue | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Gender dysphoria | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | History of surgical procedure | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Incisional hernia | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Incisional hernia with obstruction | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Ischemic heart disease | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - back | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - foot & ankle | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - unspecified | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Low back pain syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major inflammatory conditions of ear/nose/throat | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Major injury, excluding dislocation, fracture, amputation - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, excluding dislocation, fracture, amputation - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Major injury, other than fracture or dislocation - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, other than fracture or dislocation - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Major joint inflammation - back | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - shoulder | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|--|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - thigh, hip & pelvis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - thigh, hip & pelvis | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Neuroendocrine tumors | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Non-cerebral, non-coronary atherosclerosis | DENY | Benefits Exhausted |
| Outpatient Surgery | Outpatient Surgery | Non-toxic goiter | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Obstructive sleep apnea | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis hip | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis hip | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of foot and ankle | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of hand & wrist | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of knee | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteonecrosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other & unspecified diseases & disorders of eye & adnexa | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other diseases of spinal cord | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other diseases of veins | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other disorders of breast | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other inflammation of skin | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other major inflammation of skin | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Otolaryngology diseases signs & symptoms | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------------------|-------------------------|---|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Palpitations | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Parkinson's disease | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Personal history of malignancy | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Postphlebotic syndrome & venous hypertension w/complication | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Senile cataracts | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Sequela of Joint derangement - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Shortness of breath | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Strep throat | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Tonsillitis, adenoiditis or pharyngitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Varicose veins of lower extremity | APPROVE | N/A |
| Outpatient Therapy (BH) | Outpatient Therapy (BH) | Agoraphobia | DENY | Admin Denial |
| Outpatient Therapy (BH) | Outpatient Therapy (BH) | Cocaine or amphetamine dependence | APPROVE | N/A |
| Pain Management | Pain Management | -2 | APPROVE | N/A |
| Pain Management | Pain Management | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Pain Management | Pain Management | Chronic pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Chronic pain syndrome | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Chronic pancreatitis | APPROVE | N/A |
| Pain Management | Pain Management | Complex regional pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of back, w/radiculopathy | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of neck, w/radiculopathy | APPROVE | N/A |
| Pain Management | Pain Management | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Pain Management | Pain Management | Headache | APPROVE | N/A |
| Pain Management | Pain Management | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------|-----------------|--|---------|-------------------------|
| Pain Management | Pain Management | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - back | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Joint degeneration, localized - neck | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Late effects & late complications | APPROVE | N/A |
| Pain Management | Pain Management | Late effects & late complications | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Low back pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Major joint inflammation - back | APPROVE | N/A |
| Pain Management | Pain Management | Major joint inflammation - back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Pain Management | Pain Management | Migraine headache | APPROVE | N/A |
| Pain Management | Pain Management | Migraine, intractable | APPROVE | N/A |
| Pain Management | Pain Management | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Pain Management | Pain Management | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Pain Management | Pain Management | Orthopedic signs & symptoms - neck | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Osteoarthritis hip | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - back | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Other orthopedic disorders - neck | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Pain Management | Pain Management | Post laminectomy syndrome of back | APPROVE | N/A |
| Pain Management | Pain Management | Post laminectomy syndrome of back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Post-traumatic stress disorder | APPROVE | N/A |
| Pain Management | Pain Management | Spinal stenosis of neck | APPROVE | N/A |
| Pain Management | Pain Management | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Pain Management | Pain Management | Traumatic disorders of non-cranial nerves | APPROVE | N/A |
| Pain Management | Pain Management | Type 2 diabetes melitus, with neuropathy | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Urinary incontinence | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------|------------------------|---|---------|-------------------------|
| Pain Management | Pain Management | Urological diseases signs & symptoms | APPROVE | N/A |
| Psych Testing | Psych Testing | Agoraphobia | APPROVE | N/A |
| Psych Testing | Psych Testing | Altered mental status | APPROVE | N/A |
| Psych Testing | Psych Testing | Attention deficit disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Psych Testing | Psych Testing | Brain trauma | APPROVE | N/A |
| Psych Testing | Psych Testing | Conduct disorders | APPROVE | N/A |
| Psych Testing | Psych Testing | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Psych Testing | Psych Testing | Mild cognitive impairment | APPROVE | N/A |
| Psych Testing | Psych Testing | Mood disorder, bipolar | APPROVE | N/A |
| Psych Testing | Psych Testing | Obesity, morbid | APPROVE | N/A |
| Psych Testing | Psych Testing | Other epilepsy, intractable | APPROVE | N/A |
| Psych Testing | Psych Testing | Other neurological diseases | APPROVE | N/A |
| Psych Testing | Psych Testing | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Psych Testing | Psych Testing | Post-traumatic stress disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Post-traumatic stress disorder | DENY | Admin Denial |
| Psych Testing | Psych Testing | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Psychiatric Evaluation | Psychiatric Evaluation | Mild cognitive impairment | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Bone metastases | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Malignant central nervous system metastases | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Malignant lymph nodes metastases | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Malignant neoplasm of oral cavity, other | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Other intracranial neoplasm | APPROVE | N/A |
| Sleep Study | Sleep Study | Diabetes type II or unknown type | APPROVE | N/A |
| Sleep Study | Sleep Study | Obstructive sleep apnea | APPROVE | N/A |
| Sleep Study | Sleep Study | Obstructive sleep apnea | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Other sleep disorders | APPROVE | N/A |
| Sleep Study | Sleep Study | Other sleep disorders | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Otolaryngology diseases signs & symptoms | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Sleep disturbance | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------------------------|-----------------------------------|---|---------|-------------------------|
| Sleep Study | Sleep Study | Urinary incontinence | APPROVE | N/A |
| Transcranial Magnetic Stimulation | Transcranial Magnetic Stimulation | Severe depression without psychosis | APPROVE | N/A |
| Transcranial Magnetic Stimulation | Transcranial Magnetic Stimulation | Severe depression without psychosis | DENY | Not Medically Necessary |
| Transplant | Transplant | Alcohol related cirrhosis | APPROVE | N/A |
| Transplant | Transplant | Cardiac transplant/cardiac assist device/valve replacement status | APPROVE | N/A |
| Transplant | Transplant | Chronic renal failure, w/ESRD | APPROVE | N/A |
| Transplant | Transplant | Cirrhosis | APPROVE | N/A |
| Transplant | Transplant | Solid organ transplant status | APPROVE | N/A |
| ABA Services BH | ABA Services BH | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Auditory Services | Auditory Services | Hearing disorders | APPROVE | N/A |
| Auditory Services | Auditory Services | Hearing disorders | DENY | Not Medically Necessary |
| Auditory Services | Auditory Services | Other diseases of female genital tract | APPROVE | N/A |
| BH PHP | BH PHP | Alcohol dependence | APPROVE | N/A |
| BH PHP | BH PHP | Alcohol dependence | DENY | Admin Denial |
| BH PHP | BH PHP | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| BH PHP | BH PHP | Cannabis, hallucinogen and/or other psychoactive substance abuse/dependence, in remission | APPROVE | N/A |
| BH PHP | BH PHP | Cocaine or amphetamine dependence | APPROVE | N/A |
| BH PHP | BH PHP | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Mental disorders, organic & drug-induced | APPROVE | N/A |
| BH PHP | BH PHP | Opioid abuse, in remission | APPROVE | N/A |
| BH PHP | BH PHP | Opioid or barbiturate dependence | APPROVE | N/A |
| BH PHP | BH PHP | Opioid or barbiturate dependence | DENY | Admin Denial |
| BH PHP | BH PHP | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Other drug dependence | APPROVE | N/A |
| BH PHP | BH PHP | Post-traumatic stress disorder | APPROVE | N/A |
| BH PHP | BH PHP | Schizoaffective schizophrenia | APPROVE | N/A |
| BH PHP | BH PHP | Severe depression without psychosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | -2 | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Acute myeloid leukemia, in remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Adult rheumatoid arthritis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Adult rheumatoid arthritis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Anemia in pregnancy | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Anemia of chronic diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Anemia of chronic diseases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Autoimmune rheumatologic diseases, except lupus | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Bone metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Bone metastases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | CVA w/hemiplegia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Carcinoma in situ, breast | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Chronic interstitial cystitis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 4 | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 5 | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Constipation | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Crohn's disease | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Crohn's disease | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Demyelinating diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Diabetes mellitus w/severe retinopathy | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Endometriosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Gout | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hemophilia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hereditary & degenerative diseases of central nervous system, other | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Hodgkin's lymphoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hyperlipidemia, other | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Immunodeficiencies, humoral | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Immunodeficiency w/predominantly antibody defects | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Inflammatory eye disease | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Invasive malignant neoplasm of large intestine | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Iron deficiency anemia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Iron deficiency anemia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Lupus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Major arterial inflammation | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant melanoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of bladder | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of bladder | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of cervix | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of esophagus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of female breast | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of kidney | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of male genitalia, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of other or overlapping sites in the lip, oral cavity, pharynx | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of ovary | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of prostate | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of stomach | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of thyroid gland | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of tongue | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of urinary organs, other | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine headache | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine headache | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|--|---------|-------------------------|
| Biopharmacy | Biopharmacy | Migraine syndromes, w/status migrainosus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine, intractable | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine, intractable | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Multiple myeloma, w/o remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple myeloma, w/o remission | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Multiple sclerosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple sclerosis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Neutropenia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, aggressive | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, aggressive | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, indolent | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, indolent | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Osteonecrosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoporosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoporosis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other & unspecified diseases & disorders of eye & adnexa | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other and unspecified asthma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other diseases of intestines & abdomen | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other hematologic diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other inflammation of skin | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other malignant neoplasm | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other neurological diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - neck | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - unspecified | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other preventative & administrative services | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------------|--------------------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Primary thrombocytopenia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Psoriasis, w/arthritis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Sarcoidosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe depression without psychosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe retinal vascular disorders | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Systemic lupus erythematosus w/organ involvement | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Systemic sclerosis (scleroderma) | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Systemic sclerosis (scleroderma) | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Ulcerative colitis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Ulcerative colitis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Unspecified anemia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Urinary incontinence | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Viral skin infection | APPROVE | N/A |
| Community Based Services | Community Based Services | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Community Based Services | Community Based Services | Major depression - mild, moderate and partial remission | DENY | Admin Denial |
| Community Based Services | Community Based Services | Schizoaffective schizophrenia | APPROVE | N/A |
| DME | DME | -2 | APPROVE | N/A |
| DME | DME | -2 | DENY | Not Medically Necessary |
| DME | DME | Abnormal gait | DENY | Not Medically Necessary |
| DME | DME | Acute respiratory distress syndrome | APPROVE | N/A |
| DME | DME | Acute respiratory distress syndrome | DENY | Not Medically Necessary |
| DME | DME | Adhesive capsulitis, shoulder | APPROVE | N/A |
| DME | DME | CVA w/hemiplegia | APPROVE | N/A |
| DME | DME | Cardiomyopathy | APPROVE | N/A |
| DME | DME | Carpal tunnel syndrome | APPROVE | N/A |
| DME | DME | Cerebral thrombosis | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|---|---------|-------------------------|
| DME | DME | Chronic obstructive pulmonary disease | APPROVE | N/A |
| DME | DME | Chronic pain syndrome | APPROVE | N/A |
| DME | DME | Chronic pain syndrome | DENY | Not Medically Necessary |
| DME | DME | Chronic respiratory failure | APPROVE | N/A |
| DME | DME | Chronic respiratory failure | DENY | Not Medically Necessary |
| DME | DME | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation of lower extremity - knee & lower leg | DENY | Not Medically Necessary |
| DME | DME | Closed fracture or dislocation of upper extremity - elbow & upper arm | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, calcaneus | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, finger | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, foot & ankle, excl toe | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, forearm | APPROVE | N/A |
| DME | DME | Combined systolic & diastolic heart failure | APPROVE | N/A |
| DME | DME | Complicated closed fracture, ankle | APPROVE | N/A |
| DME | DME | Complicated closed fracture, forearm | APPROVE | N/A |
| DME | DME | Complicated closed fracture, knee & lower leg | APPROVE | N/A |
| DME | DME | Complicated joint degeneration - foot & ankle | DENY | Not Medically Necessary |
| DME | DME | Complicated joint degeneration - thoracic and lumbar spine | DENY | Not Medically Necessary |
| DME | DME | Complications of procedure except infection | APPROVE | N/A |
| DME | DME | Cystic fibrosis | APPROVE | N/A |
| DME | DME | Deformity of ankle or foot | APPROVE | N/A |
| DME | DME | Deformity of ankle or foot | DENY | Not Medically Necessary |
| DME | DME | Deformity of toe | APPROVE | N/A |
| DME | DME | Deformity of toe | DENY | Not Medically Necessary |
| DME | DME | Degeneration of back, w/radiculopathy | APPROVE | N/A |
| DME | DME | Degeneration of back, w/radiculopathy | DENY | Not Medically Necessary |
| DME | DME | Degeneration of neck, w/myelopathy | DENY | Not Medically Necessary |
| DME | DME | Derangement meniscus | APPROVE | N/A |
| DME | DME | Diabetes type I | APPROVE | N/A |
| DME | DME | Diabetes type II or unknown type | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|--|---------|-------------------------|
| DME | DME | Diabetes type II or unknown type | DENY | Not Medically Necessary |
| DME | DME | Diabetes w/chronic micro & macrovascular complications | APPROVE | N/A |
| DME | DME | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| DME | DME | Disorders of lymphatic channels | APPROVE | N/A |
| DME | DME | Disorders of lymphatic channels | DENY | Not Medically Necessary |
| DME | DME | Fracture or dislocation of hand | APPROVE | N/A |
| DME | DME | Hearing disorders | APPROVE | N/A |
| DME | DME | Heart failure with exclusively diastolic dysfunction | APPROVE | N/A |
| DME | DME | Heart failure with systolic or systolic/diastolic dysfunction | DENY | Not Medically Necessary |
| DME | DME | History of surgical procedure | APPROVE | N/A |
| DME | DME | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| DME | DME | Ischemic heart disease | DENY | Not Medically Necessary |
| DME | DME | Joint degeneration, localized - back | APPROVE | N/A |
| DME | DME | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| DME | DME | Joint degeneration, localized - neck | APPROVE | N/A |
| DME | DME | Joint degeneration, localized - neck | DENY | Benefits Exhausted |
| DME | DME | Joint derangement - elbow & upper arm | APPROVE | N/A |
| DME | DME | Joint derangement - foot & ankle | APPROVE | N/A |
| DME | DME | Joint derangement - knee & lower leg | APPROVE | N/A |
| DME | DME | Joint derangement - thigh, hip & pelvis | APPROVE | N/A |
| DME | DME | Late effects & late complications | APPROVE | N/A |
| DME | DME | Low back pain syndrome | APPROVE | N/A |
| DME | DME | Low back pain syndrome | DENY | Not Medically Necessary |
| DME | DME | Lupus | APPROVE | N/A |
| DME | DME | Major injury, excluding dislocation, fracture, amputation - shoulder | APPROVE | N/A |
| DME | DME | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| DME | DME | Mechanism of Injury | APPROVE | N/A |
| DME | DME | Minor complication of pregnancy | DENY | Not Medically Necessary |
| DME | DME | Minor joint inflammation - foot & ankle | APPROVE | N/A |
| DME | DME | Minor joint inflammation - thigh, hip & pelvis | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|--|---------|-------------------------|
| DME | DME | Minor orthopedic injury - foot & ankle | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - foot & ankle | DENY | Not Medically Necessary |
| DME | DME | Minor orthopedic injury - hand, wrist & forearm | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - knee & lower leg | DENY | Not Medically Necessary |
| DME | DME | Minor orthopedic injury - shoulder | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - shoulder | DENY | Not Medically Necessary |
| DME | DME | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| DME | DME | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| DME | DME | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| DME | DME | Obesity, morbid | APPROVE | N/A |
| DME | DME | Obstructive sleep apnea | APPROVE | N/A |
| DME | DME | Obstructive sleep apnea | DENY | Benefits Exhausted |
| DME | DME | Obstructive sleep apnea | DENY | Not Medically Necessary |
| DME | DME | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| DME | DME | Open fracture or dislocation, forearm, wrist, hand | APPROVE | N/A |
| DME | DME | Open fracture or dislocation, knee & lower leg | APPROVE | N/A |
| DME | DME | Orthopedic deformity - back | APPROVE | N/A |
| DME | DME | Osteoarthritis of foot and ankle | APPROVE | N/A |
| DME | DME | Osteoarthritis of knee | APPROVE | N/A |
| DME | DME | Osteoarthritis of knee | DENY | Not Medically Necessary |
| DME | DME | Osteoarthritis of shoulder | APPROVE | N/A |
| DME | DME | Other neurological diseases | APPROVE | N/A |
| DME | DME | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - foot & ankle | APPROVE | N/A |
| DME | DME | Other orthopedic disorders - foot & ankle | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - thigh, hip & pelvis | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - unspecified | DENY | Not Medically Necessary |
| DME | DME | Other pulmonary disorders | APPROVE | N/A |
| DME | DME | Other sleep disorders | DENY | Benefits Exhausted |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------|--------------|---|---------|-------------------------|
| DME | DME | Other sleep disorders | DENY | Not Medically Necessary |
| DME | DME | Paroxysmal ventricular tachycardia | DENY | Not Medically Necessary |
| DME | DME | Pathological fracture of vertebra | APPROVE | N/A |
| DME | DME | Post laminectomy syndrome of back | DENY | Not Medically Necessary |
| DME | DME | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| DME | DME | Psoriasis, w/arthritis | APPROVE | N/A |
| DME | DME | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| DME | DME | Quadriplegia | APPROVE | N/A |
| DME | DME | Shortness of breath | APPROVE | N/A |
| DME | DME | Soft tissue ulceration, advanced stage | APPROVE | N/A |
| DME | DME | Soft tissue ulceration, advanced stage | DENY | Not Medically Necessary |
| DME | DME | Spinal stenosis of non-cervical back | APPROVE | N/A |
| DME | DME | Tarsal fracture | DENY | Not Medically Necessary |
| DME | DME | Type 1 diabetes melitus, with neuropathy | APPROVE | N/A |
| DME | DME | Type 2 diabetes melitus, with neuropathy | APPROVE | N/A |
| DME | DME | Type 2 diabetes mellitus, with vascular complications | APPROVE | N/A |
| DME | DME | Vertebral compression fracture | APPROVE | N/A |
| Drug Testing | Drug Testing | Alcohol dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Alcohol dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Alcoholism, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Amphetamine/stimulant abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Attention deficit disorder | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Cannabis, hallucinogen and/or other psychoactive substance abuse/dependence, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Chronic pain syndrome | APPROVE | N/A |
| Drug Testing | Drug Testing | Chronic pain syndrome | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Cocaine or amphetamine dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Encounters for specialized testing | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---|---|---|---------|-------------------------------|
| Drug Testing | Drug Testing | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Low back pain syndrome | APPROVE | N/A |
| Drug Testing | Drug Testing | Low back pain syndrome | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Authorization Not Required |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Lack of Provider Notification |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Opioid abuse, in remission | APPROVE | N/A |
| Drug Testing | Drug Testing | Opioid or barbiturate dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Drug Testing | Drug Testing | Other drug dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Other drug dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Other orthopedic disorders - back | APPROVE | N/A |
| Drug Testing | Drug Testing | Severe depression without psychosis | DENY | Not Medically Necessary |
| Electroconvulsive Therapy | Electroconvulsive Therapy | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Electroconvulsive Therapy | Electroconvulsive Therapy | Mood disorder, bipolar | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Erectile dysfunction | DENY | Not Medically Necessary |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Low back pain syndrome | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Low back pain syndrome | DENY | Not Medically Necessary |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Malignant liver metastases | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---|---|---|---------|-------------------------|
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Non-malignant neoplasm of prostate, w/LUTS | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Abnormal gait | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Abnormal gait | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Acute lymphoid leukemia | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Attention deficit disorder | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Cardiac transplant/cardiac assist device/valve replacement status | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Chronic & unspecified myeloid leukemia | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Complicated cataracts | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Conditions associated with infertility | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Dermatological signs & symptoms | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Elevated PSA | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Encounters for specialized testing | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Hematuria | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Hyperlipidemia, other | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|----------------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Invasive malignant neoplasm of large intestine | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant melanoma | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of esophagus | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of female breast | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of oropharynx | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of prostate | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Minor complication of pregnancy | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-malignant neoplasm of prostate | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-malignant neoplasm of prostate | DENY | Denial Upheld on Reconsideration |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-malignant neoplasm of thyroid gland | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-toxic goiter | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Orthopedic deformity - unspecified | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other diseases of endocrine glands | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|----------------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other hematologic diseases | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other neurological diseases | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Ovarian cyst | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Personal history of malignancy | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Pregnancy, not yet delivered | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Pregnancy, not yet delivered | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Prior medical history (personal or family) affecting current health service utilization | DENY | Denial Upheld on Reconsideration |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Prior medical history (personal or family) affecting current health service utilization | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Sickle-cell anemia | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Unspecified anemia | APPROVE | N/A |
| Home Health | Home Health | -2 | APPROVE | N/A |
| Home Health | Home Health | Acute heart failure | DENY | Not Medically Necessary |
| Home Health | Home Health | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Home Health | Home Health | Bacterial infection of skin | APPROVE | N/A |
| Home Health | Home Health | Bacterial lung infections | APPROVE | N/A |
| Home Health | Home Health | Bowel obstruction | APPROVE | N/A |
| Home Health | Home Health | Burns | APPROVE | N/A |
| Home Health | Home Health | Burns, third degree | APPROVE | N/A |
| Home Health | Home Health | Cerebral thrombosis | APPROVE | N/A |
| Home Health | Home Health | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Home Health | Home Health | Closed fracture or dislocation of upper extremity - shoulder | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------|
| Home Health | Home Health | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Home Health | Home Health | Diabetes type II or unknown type | APPROVE | N/A |
| Home Health | Home Health | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Home Health | Home Health | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Home Health | Home Health | Disorders of lymphatic channels | APPROVE | N/A |
| Home Health | Home Health | Diverticulitis with hemorrhage | APPROVE | N/A |
| Home Health | Home Health | Dysphagia | APPROVE | N/A |
| Home Health | Home Health | Endocarditis | APPROVE | N/A |
| Home Health | Home Health | Fracture of femoral neck | APPROVE | N/A |
| Home Health | Home Health | Heart failure with exclusively diastolic dysfunction | APPROVE | N/A |
| Home Health | Home Health | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Home Health | Home Health | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Home Health | Home Health | Hernia, w/obstruction | APPROVE | N/A |
| Home Health | Home Health | History of surgical procedure | APPROVE | N/A |
| Home Health | Home Health | Hypertension | APPROVE | N/A |
| Home Health | Home Health | Hypertensive heart disease w/ chronic kidney disease | APPROVE | N/A |
| Home Health | Home Health | Hypertensive heart disease w/heart failure | APPROVE | N/A |
| Home Health | Home Health | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Home Health | Home Health | Infection of bone & joint - knee & lower leg | APPROVE | N/A |
| Home Health | Home Health | Influenza | APPROVE | N/A |
| Home Health | Home Health | Iron deficiency anemia | APPROVE | N/A |
| Home Health | Home Health | Late effects & late complications | APPROVE | N/A |
| Home Health | Home Health | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Home Health | Home Health | Malignant lung metastases | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of bladder | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of cervix | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of esophagus | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of larynx | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------|------------------|---|---------|-------------------------|
| Home Health | Home Health | Mechanism of Injury | APPROVE | N/A |
| Home Health | Home Health | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Home Health | Home Health | Mitral insufficiency | APPROVE | N/A |
| Home Health | Home Health | Multiple sclerosis | APPROVE | N/A |
| Home Health | Home Health | Necrotizing fasciitis | APPROVE | N/A |
| Home Health | Home Health | Neurological diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | Obstructive sleep apnea | DENY | Not a covered benefit |
| Home Health | Home Health | Open wound - foot & ankle | APPROVE | N/A |
| Home Health | Home Health | Open wound - lower leg | APPROVE | N/A |
| Home Health | Home Health | Orthopedic aftercare | APPROVE | N/A |
| Home Health | Home Health | Osteoarthritis of knee | APPROVE | N/A |
| Home Health | Home Health | Other diseases of veins | APPROVE | N/A |
| Home Health | Home Health | Other metabolic disorders | APPROVE | N/A |
| Home Health | Home Health | Other neurological diseases | APPROVE | N/A |
| Home Health | Home Health | Other preventative & administrative services | APPROVE | N/A |
| Home Health | Home Health | Postoperative infections | APPROVE | N/A |
| Home Health | Home Health | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | Pyelonephritis, uncomplicated | APPROVE | N/A |
| Home Health | Home Health | Systemic inflammatory response syndrome | APPROVE | N/A |
| Home Health | Home Health | Systolic heart failure | DENY | Not a covered benefit |
| Home Health | Home Health | Systolic heart failure, acute on chronic | APPROVE | N/A |
| Home Health | Home Health | Trauma of intestines & abdomen | APPROVE | N/A |
| Home Health | Home Health | Type 2 diabetes melitus, with neuropathy | APPROVE | N/A |
| Home Health | Home Health | Unspecified anemia | APPROVE | N/A |
| Hospice Services | Hospice Services | Alcohol related cirrhosis | APPROVE | N/A |
| Hospice Services | Hospice Services | Alcohol related cirrhosis | DENY | Not Medically Necessary |
| Hospice Services | Hospice Services | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of pulmonary system, other than lung | DENY | Not Medically Necessary |
| Hospice Services | Hospice Services | Multiple sclerosis | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------------|--|---------|-------------------------|
| Hospice Services | Hospice Services | Other diseases of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Alcohol dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Alcohol dependence | DENY | Out of Network |
| Hospital Admission | BH RTC-CD | Amphetamine/stimulant abuse, in remission | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | DENY | Admin Denial |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Other drug dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Bipolar disorder, w/psychosis | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Post-traumatic stress disorder | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Post-traumatic stress disorder | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-MH | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Schizoaffective schizophrenia | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Other cardiovascular disorders originating in perinatal period | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, w/mild preeclampsia | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Preterm labor | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Uncomplicated neonatal management | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Alcohol dependence | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------------|--|---------|-------------------------|
| Hospital Admission | Chemical/Substance Abuse | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | Eating Disorders | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Acute renal failure | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Cardiogenic shock | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Diverticulitis | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | -2 | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal abscess | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal mass or swelling | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal pain | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal pain | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Abnormalities of genital tract in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Acid-base disorders | APPROVE | N/A |
| Hospital Admission | Medical | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | Medical | Acute blood loss anemia | APPROVE | N/A |
| Hospital Admission | Medical | Acute bronchitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute cystitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute deep venous thrombosis, distal lower extremity and upper extremity | APPROVE | N/A |
| Hospital Admission | Medical | Acute deep venous thrombosis, proximal lower extremity | APPROVE | N/A |
| Hospital Admission | Medical | Acute lymphoid leukemia, in remission | APPROVE | N/A |
| Hospital Admission | Medical | Acute myeloid leukemia | APPROVE | N/A |
| Hospital Admission | Medical | Acute myocardial infarction | APPROVE | N/A |
| Hospital Admission | Medical | Acute pancreatitis | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|-------------------------------------|---------|-------------------------|
| Hospital Admission | Medical | Acute pancreatitis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Acute renal failure | APPROVE | N/A |
| Hospital Admission | Medical | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Medical | Alcohol dependence | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Alcohol related cirrhosis | APPROVE | N/A |
| Hospital Admission | Medical | Alcoholic and other toxic hepatitis | APPROVE | N/A |
| Hospital Admission | Medical | Altered mental status | APPROVE | N/A |
| Hospital Admission | Medical | Appendicitis | APPROVE | N/A |
| Hospital Admission | Medical | Appendicitis, w/rupture | APPROVE | N/A |
| Hospital Admission | Medical | Arterial aneurysm, except aorta | APPROVE | N/A |
| Hospital Admission | Medical | Arterial dissection | APPROVE | N/A |
| Hospital Admission | Medical | Ascites | APPROVE | N/A |
| Hospital Admission | Medical | Atrial fibrillation | APPROVE | N/A |
| Hospital Admission | Medical | Atrial flutter | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial lung infections | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Biliary obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Bowel obstruction | APPROVE | N/A |
| Hospital Admission | Medical | COVID-19 | APPROVE | N/A |
| Hospital Admission | Medical | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Cardiac arrest | APPROVE | N/A |
| Hospital Admission | Medical | Cardiomyopathy | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral embolism | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Medical | Chest pain | APPROVE | N/A |
| Hospital Admission | Medical | Chest pain | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Cholecystitis | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|----------------------------------|
| Hospital Admission | Medical | Cholelithiasis | APPROVE | N/A |
| Hospital Admission | Medical | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Hospital Admission | Medical | Chronic pancreatitis | APPROVE | N/A |
| Hospital Admission | Medical | Chronic pancreatitis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Chronic renal failure | APPROVE | N/A |
| Hospital Admission | Medical | Chronic renal failure, w/ESRD | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of upper extremity - elbow & upper arm | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of upper extremity - shoulder | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Medical | Combined systolic and diastolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Medical | Complications of procedure except infection | APPROVE | N/A |
| Hospital Admission | Medical | Conditions associated with menstruation | APPROVE | N/A |
| Hospital Admission | Medical | Conditions associated with menstruation | DENY | Denial Upheld on Reconsideration |
| Hospital Admission | Medical | Constipation | APPROVE | N/A |
| Hospital Admission | Medical | Crohn's disease | APPROVE | N/A |
| Hospital Admission | Medical | Croup | APPROVE | N/A |
| Hospital Admission | Medical | Cystic fibrosis | APPROVE | N/A |
| Hospital Admission | Medical | Dermatological signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type I with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II or unknown type | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Hospital Admission | Medical | Diabetic ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Dissecting aortic aneurysm | APPROVE | N/A |
| Hospital Admission | Medical | Disturbance of skin sensation | APPROVE | N/A |
| Hospital Admission | Medical | Diverticulitis | APPROVE | N/A |
| Hospital Admission | Medical | Diverticulitis & diverticulosis | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------------|
| Hospital Admission | Medical | Diverticulitis with hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Dizziness | APPROVE | N/A |
| Hospital Admission | Medical | Dysphagia | APPROVE | N/A |
| Hospital Admission | Medical | Ectopic pregnancy | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Electrolyte imbalance | APPROVE | N/A |
| Hospital Admission | Medical | Environmental trauma | APPROVE | N/A |
| Hospital Admission | Medical | Environmental trauma | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Epidural hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Fatigue | APPROVE | N/A |
| Hospital Admission | Medical | Fetal complication in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Hospital Admission | Medical | Fracture of cervical vertebra, w/o cord injury | DENY | Admin Denial |
| Hospital Admission | Medical | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Medical | Gastritis &/or duodenitis | APPROVE | N/A |
| Hospital Admission | Medical | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Gastroenterology diseases signs & symptoms | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Hospital Admission | Medical | Heart failure with systolic or systolic/diastolic dysfunction | DENY | Lack of Provider Notification |
| Hospital Admission | Medical | Hematuria | APPROVE | N/A |
| Hospital Admission | Medical | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Hospital Admission | Medical | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Medical | Hypertension | APPROVE | N/A |
| Hospital Admission | Medical | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Hypertensive heart disease w/heart failure | APPROVE | N/A |
| Hospital Admission | Medical | Hypertensive urgency/emergency | APPROVE | N/A |
| Hospital Admission | Medical | Incisional hernia | APPROVE | N/A |
| Hospital Admission | Medical | Incisional hernia with obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Infection of lower genitourinary system, not sexually transmitted | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Infection of ovary &/or fallopian tubes | APPROVE | N/A |
| Hospital Admission | Medical | Infection of rectum or anus | APPROVE | N/A |
| Hospital Admission | Medical | Infections of oral cavity | APPROVE | N/A |
| Hospital Admission | Medical | Infectious diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Inflammation of central nervous system, other | APPROVE | N/A |
| Hospital Admission | Medical | Inflammation of esophagus | APPROVE | N/A |
| Hospital Admission | Medical | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Hospital Admission | Medical | Inflammatory eye disease | APPROVE | N/A |
| Hospital Admission | Medical | Influenza | APPROVE | N/A |
| Hospital Admission | Medical | Influenza | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Inguinal hernia, with obstruction, without mention of gangrene | APPROVE | N/A |
| Hospital Admission | Medical | Intussusception/volvulus | APPROVE | N/A |
| Hospital Admission | Medical | Iron deficiency anemia | APPROVE | N/A |
| Hospital Admission | Medical | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Jaundice | APPROVE | N/A |
| Hospital Admission | Medical | Late effects & late complications | APPROVE | N/A |
| Hospital Admission | Medical | Low back pain syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Macronutrient malnutrition, severe | APPROVE | N/A |
| Hospital Admission | Medical | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Medical | Malignant central nervous system metastases | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of bone | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of cervix | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of kidney | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of ovary | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of prostate | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Hospital Admission | Medical | Mechanical complications of internal orthopedic device | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Medical | Mechanism of Injury | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Minor joint inflammation - hand, wrist & forearm | APPROVE | N/A |
| Hospital Admission | Medical | Minor orthopedic injury - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Mitral insufficiency | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Mood disorder, bipolar | APPROVE | N/A |
| Hospital Admission | Medical | Multiple sclerosis | APPROVE | N/A |
| Hospital Admission | Medical | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Hospital Admission | Medical | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Myelopathy | APPROVE | N/A |
| Hospital Admission | Medical | Nausea and vomiting | APPROVE | N/A |
| Hospital Admission | Medical | Nausea and vomiting | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Neuroendocrine tumors | APPROVE | N/A |
| Hospital Admission | Medical | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| Hospital Admission | Medical | Open wound | APPROVE | N/A |
| Hospital Admission | Medical | Open wound - hand & forearm | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Open wound - hip & thigh | APPROVE | N/A |
| Hospital Admission | Medical | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | Medical | Orthopedic signs & symptoms - thigh, hip & pelvis | APPROVE | N/A |
| Hospital Admission | Medical | Osteoarthritis hip | APPROVE | N/A |
| Hospital Admission | Medical | Other conduction disorders | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases & disorders of rectum & anus | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of intestines & abdomen | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other drug dependence | APPROVE | N/A |
| Hospital Admission | Medical | Other drug dependence | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other epilepsy syndromes | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Other epilepsy, with status epilepticus | APPROVE | N/A |
| Hospital Admission | Medical | Other hematologic diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other inflammation of intestines & abdomen | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other inflammatory lung diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other intracranial neoplasm | APPROVE | N/A |
| Hospital Admission | Medical | Other neurological diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other paralytic syndromes | APPROVE | N/A |
| Hospital Admission | Medical | Other pulmonary disorders | APPROVE | N/A |
| Hospital Admission | Medical | Other renal conditions | APPROVE | N/A |
| Hospital Admission | Medical | Paraplegia | APPROVE | N/A |
| Hospital Admission | Medical | Parkinson's disease | APPROVE | N/A |
| Hospital Admission | Medical | Peritonitis | APPROVE | N/A |
| Hospital Admission | Medical | Pneumonia, w/abscess | APPROVE | N/A |
| Hospital Admission | Medical | Poisonings & toxic effects of drugs | APPROVE | N/A |
| Hospital Admission | Medical | Postoperative infections | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, w/severe preeclampsia & eclampsia | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | Medical | Preterm labor | APPROVE | N/A |
| Hospital Admission | Medical | Psoriasis | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonary embolism | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Pyelonephritis, complicated | APPROVE | N/A |
| Hospital Admission | Medical | Pyelonephritis, uncomplicated | APPROVE | N/A |
| Hospital Admission | Medical | Pyelonephritis, uncomplicated | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Ruptured aortic aneurysm | APPROVE | N/A |
| Hospital Admission | Medical | Seizures and convulsions | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Septic shock | APPROVE | N/A |
| Hospital Admission | Medical | Sequela of Trauma to genitourinary system | APPROVE | N/A |
| Hospital Admission | Medical | Severe bacterial infections of skin | APPROVE | N/A |
| Hospital Admission | Medical | Shortness of breath | APPROVE | N/A |
| Hospital Admission | Medical | Shortness of breath | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Sickle-cell anemia & variants, w/crisis | APPROVE | N/A |
| Hospital Admission | Medical | Skin trauma, except burn & open wound - trunk | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Soft tissue ulceration, advanced stage | APPROVE | N/A |
| Hospital Admission | Medical | Solid organ transplant status | APPROVE | N/A |
| Hospital Admission | Medical | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Hospital Admission | Medical | Status asthmaticus | APPROVE | N/A |
| Hospital Admission | Medical | Stones in kidney | APPROVE | N/A |
| Hospital Admission | Medical | Stones in ureter | APPROVE | N/A |
| Hospital Admission | Medical | Subendocardial infarction | APPROVE | N/A |
| Hospital Admission | Medical | Subendocardial infarction | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Medical | Suicidal and homicidal ideation | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Syncope and collapse | APPROVE | N/A |
| Hospital Admission | Medical | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure, acute | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Medical | Threatened labor | APPROVE | N/A |
| Hospital Admission | Medical | Thrombocytopenia | APPROVE | N/A |
| Hospital Admission | Medical | Trauma of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | Medical | Trauma of stomach or esophagus | APPROVE | N/A |
| Hospital Admission | Medical | Type 2 diabetes mellitus, with retinopathy | APPROVE | N/A |
| Hospital Admission | Medical | Ulcer | APPROVE | N/A |
| Hospital Admission | Medical | Ulcer, w/hemorrhage | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Unspecified anemia | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------------|---|---------|-------------------------------|
| Hospital Admission | Medical | Urological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Uterine leiomyoma | APPROVE | N/A |
| Hospital Admission | Medical | Vascular diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Venous thrombosis, portal vein | APPROVE | N/A |
| Hospital Admission | Medical | Ventral hernia | APPROVE | N/A |
| Hospital Admission | Medical | Ventral hernia | DENY | Lack of Provider Notification |
| Hospital Admission | Medical | Ventral hernia with gangrene | APPROVE | N/A |
| Hospital Admission | Medical | Viral pneumonia | APPROVE | N/A |
| Hospital Admission | Medical | Visual disturbances | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, very low, 1000 - 1499 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, extremely low, <1000 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, low, 1500 - 2499 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Fetus/newborn affected by exogenous substances | APPROVE | N/A |
| Hospital Admission | Neonate | Mild preterm infant , 32-36 weeks gestation | APPROVE | N/A |
| Hospital Admission | Neonate | Moderate risk perinatal medical disease | APPROVE | N/A |
| Hospital Admission | Neonate | Neonatal respiratory distress syndrome and related conditios | APPROVE | N/A |
| Hospital Admission | Neonate | Other disorders, antenatal origin | APPROVE | N/A |
| Hospital Admission | Neonate | Other neonatal disorders, perinatal origin | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Agoraphobia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Bipolar disorder, w/psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Depression, w/psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Mental disorders, organic & drug-induced | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------------|--|---------|-------------------------|
| Hospital Admission | Psychiatric Admission | Mood disorder, bipolar | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Mood disorder, bipolar | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Other neuropsychological or behavioral disorders | DENY | Admin Denial |
| Hospital Admission | Psychiatric Admission | Paranoid schizophrenia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Post-traumatic stress disorder | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychiatric diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Schizoaffective schizophrenia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Severe depression without psychosis | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Acute deep venous thrombosis, distal lower extremity and upper extremity | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Arterial aneurysm, except aorta | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Atrial fibrillation | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Brain trauma | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Cerebral thrombosis | DENY | Not Medically Necessary |
| Hospital Admission | Rehab Inpatient | Chronic bronchitis, w/emphysema | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Closed fracture or dislocation of trunk | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Not Medically Necessary |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------|--|---------|-------------------------|
| Hospital Admission | Rehab Inpatient | Joint degeneration, localized - back | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Multiple sclerosis | DENY | Not Medically Necessary |
| Hospital Admission | Rehab Inpatient | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Non-cervical cord injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other neurological diseases | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Abnormal gait | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Closed fracture or dislocation of upper extremity - shoulder | DENY | Not Medically Necessary |
| Hospital Admission | Skilled Nursing | Electrolyte imbalance | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Orthopedic aftercare | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Other epilepsy, intractable | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Other neurological diseases | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Systolic heart failure, acute | APPROVE | N/A |
| Hospital Admission | Surgical | Abdominal pain | APPROVE | N/A |
| Hospital Admission | Surgical | Acute renal failure | APPROVE | N/A |
| Hospital Admission | Surgical | Aortic stenosis and insufficiency | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Surgical | Appendicitis | APPROVE | N/A |
| Hospital Admission | Surgical | Artificial opening status | APPROVE | N/A |
| Hospital Admission | Surgical | Artificial opening status | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Atherosclerosis, w/gangrene | APPROVE | N/A |
| Hospital Admission | Surgical | Atherosclerosis, w/ulcerations | APPROVE | N/A |
| Hospital Admission | Surgical | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Surgical | CNS neoplasm of uncertain behavior | APPROVE | N/A |
| Hospital Admission | Surgical | Cardiac congenital disorder | APPROVE | N/A |
| Hospital Admission | Surgical | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Surgical | Cleft lip & palate | APPROVE | N/A |
| Hospital Admission | Surgical | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Hospital Admission | Surgical | Complications of procedure except infection | APPROVE | N/A |
| Hospital Admission | Surgical | Conditions associated with menstruation | APPROVE | N/A |
| Hospital Admission | Surgical | Deformity of ankle or foot | APPROVE | N/A |
| Hospital Admission | Surgical | Dermatological signs & symptoms | APPROVE | N/A |
| Hospital Admission | Surgical | Enlarged liver or spleen | APPROVE | N/A |
| Hospital Admission | Surgical | Enlarged lymph nodes | APPROVE | N/A |
| Hospital Admission | Surgical | Focal epilepsy, intractable | APPROVE | N/A |
| Hospital Admission | Surgical | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Surgical | Gender dysphoria | APPROVE | N/A |
| Hospital Admission | Surgical | Hiatal hernia | APPROVE | N/A |
| Hospital Admission | Surgical | Hypo-functioning adrenal gland | APPROVE | N/A |
| Hospital Admission | Surgical | Incisional hernia | APPROVE | N/A |
| Hospital Admission | Surgical | Incisional hernia with obstruction | APPROVE | N/A |
| Hospital Admission | Surgical | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Hospital Admission | Surgical | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Hospital Admission | Surgical | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Surgical | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Surgical | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Joint degeneration, localized - neck | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|-------------------------|
| Hospital Admission | Surgical | Joint derangement - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Surgical | Late effects & late complications | APPROVE | N/A |
| Hospital Admission | Surgical | Low back pain syndrome | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of cervix | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of ovary | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of prostate | APPROVE | N/A |
| Hospital Admission | Surgical | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Hospital Admission | Surgical | Minor orthopedic injury - elbow & upper arm | APPROVE | N/A |
| Hospital Admission | Surgical | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Hospital Admission | Surgical | Necrotizing fasciitis | APPROVE | N/A |
| Hospital Admission | Surgical | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Hospital Admission | Surgical | Non-malignant neoplasm of central nervous system | APPROVE | N/A |
| Hospital Admission | Surgical | Non-malignant neoplasm of ear/nose/throat | APPROVE | N/A |
| Hospital Admission | Surgical | Non-toxic goiter | APPROVE | N/A |
| Hospital Admission | Surgical | Orthopedic signs & symptoms - unspecified | APPROVE | N/A |
| Hospital Admission | Surgical | Osteoarthritis hip | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of endocrine glands | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of female genital tract | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of spinal cord | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Ovarian cyst | APPROVE | N/A |
| Hospital Admission | Surgical | Postoperative infections | APPROVE | N/A |
| Hospital Admission | Surgical | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Surgical | Seizures and convulsions | APPROVE | N/A |
| Hospital Admission | Surgical | Sequela of Major injury, other than fracture or dislocation - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Surgical | Shock | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of neck | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of neck | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---------------------------|---------------------------|---|---------|-------------------------|
| Hospital Admission | Surgical | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Subendocardial infarction | APPROVE | N/A |
| Hospital Admission | Surgical | Tonsillitis, adenoiditis or pharyngitis | APPROVE | N/A |
| Hospital Admission | Surgical | Transient ischemic attack | APPROVE | N/A |
| Hospital Admission | Surgical | Traumatic compartment syndrome, lower extremity | APPROVE | N/A |
| Hospital Admission | Surgical | Ulcerative colitis | APPROVE | N/A |
| Hospital Admission | Surgical | Uterine leiomyoma | APPROVE | N/A |
| Hospital Admission | Surgical | Vertebral compression fracture | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Fetal complication in pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Hemorrhage in pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Obstetric signs & symptoms | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, w/severe preeclampsia & eclampsia | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Preterm labor | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Threatened labor | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Infertility | Infertility | Conditions associated with infertility | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Cardiac congenital disorder | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Late effects & late complications | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------------|
| Inpatient Services (S&P) | Inpatient Services (S&P) | Other diseases of spinal cord | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of neck | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Vertebral compression fracture | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Agoraphobia | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Admin Denial |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Not Medically Necessary |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Out of Network |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Amphetamine/stimulant abuse, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Bipolar disorder, severe, w/o psychosis | DENY | Admin Denial |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Bipolar disorder, w/psychosis | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cocaine or amphetamine dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Depression, w/psychosis | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid abuse, in remission | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------|
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid or barbiturate dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid or barbiturate dependence | DENY | Admin Denial |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Other drug dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Severe depression without psychosis | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Acute respiratory distress syndrome | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Atherosclerosis, w/ulcerations | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Chronic respiratory failure | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Complications of procedure except infection | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Conditions associated with infertility | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Deformity of toe | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | History of surgical procedure | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Major joint inflammation - back | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Malignant central nervous system metastases | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Malignant neoplasm of anus & rectum | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------------------|-----------------------------|---|---------|-------------------------|
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Non-toxic goiter | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Obstructive sleep apnea | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Other inflammatory lung diseases | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Other sleep disorders | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Shortness of breath | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Skin trauma, except burn & open wound - trunk | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Soft tissue ulceration, early stage | APPROVE | N/A |
| Office Visit | Office Visit | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Carpal tunnel syndrome | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Cleft lip & palate | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Iron deficiency anemia | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Joint degeneration, localized - back | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Other hematologic diseases | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Other hematologic diseases | DENY | Not Medically Necessary |
| Outpatient Services | Outpatient Services | Senile cataracts | DENY | Out of Network |
| Outpatient Services | Outpatient Services | Syncope and collapse | DENY | Out of Network |
| Outpatient Services | Outpatient Services | Unspecified anemia | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, aorta | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, w/ulcerations | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Benign osteochondropathies of lower extremity | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|--|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Benign osteochondropathies of lower extremity | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Carpal tunnel syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Chronic sinusitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Complicated closed fracture, femoral neck or head | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Complicated joint degeneration - thoracic and lumbar spine | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Complicated joint degeneration, knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Complicated varicose veins | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Conditions associated with menstruation | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of ankle or foot | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of toe | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of toe | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Degeneration of neck, w/myelopathy | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Degenerative conditions of eyelids, major | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Derangement meniscus | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Edema | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Enlarged liver or spleen | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Focal epilepsy, with status epilepticus | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Gender dysphoria | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | History of surgical procedure | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Infection of bone & joint - unspecified | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - back | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - thigh, hip & pelvis | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|--|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Low back pain syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, excluding dislocation, fracture, amputation - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, excluding dislocation, fracture, amputation - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Major injury, other than fracture or dislocation - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, other than fracture or dislocation - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of kidney | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of small intestine | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - thigh, hip & pelvis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | DENY | Admin Denial |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Non-malignant neoplasm of bone & connective tissue, other than head & neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Non-malignant neoplasm of ear/nose/throat | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Obstructive sleep apnea | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Orthopedic signs & symptoms - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis hip | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis hip | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of hand & wrist | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|---|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of knee | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteonecrosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other & unspecified diseases & disorders of eye & adnexa | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other diseases of veins | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other diseases of veins | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Other disorders of breast | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Otitis media | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Otolaryngology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Senile cataracts | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Syncope and collapse | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Tonsillitis, adenoiditis or pharyngitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Varicose veins of lower extremity | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Varicose veins of lower extremity | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Visual field defects | APPROVE | N/A |
| Pain Management | Pain Management | -2 | APPROVE | N/A |
| Pain Management | Pain Management | Abdominal pain | APPROVE | N/A |
| Pain Management | Pain Management | Abdominal pain | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Acute pain syndromes | APPROVE | N/A |
| Pain Management | Pain Management | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Pain Management | Pain Management | Chronic interstitial cystitis | APPROVE | N/A |
| Pain Management | Pain Management | Chronic pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Chronic pain syndrome | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Complex regional pain syndrome | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------|-----------------|--|---------|----------------------------------|
| Pain Management | Pain Management | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Pain Management | Pain Management | Constipation | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of back, w/radiculopathy | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of neck, w/myelopathy | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of neck, w/radiculopathy | APPROVE | N/A |
| Pain Management | Pain Management | Headache | APPROVE | N/A |
| Pain Management | Pain Management | Infection of bone & joint - unspecified | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - back | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - back | DENY | Denial Upheld on Reconsideration |
| Pain Management | Pain Management | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Joint degeneration, localized - neck | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Late effects & late complications | APPROVE | N/A |
| Pain Management | Pain Management | Low back pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Major joint inflammation - back | APPROVE | N/A |
| Pain Management | Pain Management | Major joint inflammation - back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Pain Management | Pain Management | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Pain Management | Pain Management | Migraine, intractable | APPROVE | N/A |
| Pain Management | Pain Management | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Pain Management | Pain Management | Osteoarthritis hip | APPROVE | N/A |
| Pain Management | Pain Management | Osteoarthritis of knee | APPROVE | N/A |
| Pain Management | Pain Management | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Osteonecrosis | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Other inflammation of skin | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - back | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - back | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------------|-------------------|---|---------|-------------------------|
| Pain Management | Pain Management | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - unspecified | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Post laminectomy syndrome of back | APPROVE | N/A |
| Pain Management | Pain Management | Somatoform disorder | APPROVE | N/A |
| Pain Management | Pain Management | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Pain Management | Pain Management | Traumatic disorders of non-cranial nerves | APPROVE | N/A |
| Pain Management | Pain Management | Type 2 diabetes melitus, with neuropathy | APPROVE | N/A |
| Pain Management | Pain Management | Urinary incontinence | APPROVE | N/A |
| Pain Management | Pain Management | Urological diseases signs & symptoms | APPROVE | N/A |
| Pain Management | Pain Management | Urological diseases signs & symptoms | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Agoraphobia | APPROVE | N/A |
| Psych Testing | Psych Testing | Altered mental status | APPROVE | N/A |
| Psych Testing | Psych Testing | Anxiety disorder or phobias | APPROVE | N/A |
| Psych Testing | Psych Testing | Attention deficit disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Attention deficit disorder | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Psych Testing | Psych Testing | Conduct disorders | APPROVE | N/A |
| Psych Testing | Psych Testing | Generalized seizures | APPROVE | N/A |
| Psych Testing | Psych Testing | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Psych Testing | Psych Testing | Major depression - mild, moderate and partial remission | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Mood disorder, bipolar | APPROVE | N/A |
| Psych Testing | Psych Testing | Mood disorder, bipolar | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Neurological diseases signs & symptoms | APPROVE | N/A |
| Psych Testing | Psych Testing | Other diseases of endocrine glands | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Other neurological diseases | APPROVE | N/A |
| Psych Testing | Psych Testing | Parkinson's disease | APPROVE | N/A |
| Psych Testing | Psych Testing | Post-traumatic stress disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Severe depression without psychosis | APPROVE | N/A |
| Psych Testing | Psych Testing | Syncope and collapse | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Bone metastases | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------------------------|-----------------------------------|---|---------|-------------------------|
| Radiation Therapy | Radiation Therapy | Malignant central nervous system metastases | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Malignant neoplasm of prostate | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Sleep Study | Sleep Study | Abdominal pain | APPROVE | N/A |
| Sleep Study | Sleep Study | Altered mental status | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Chronic fatigue syndrome | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Exposure to infectious diseases | APPROVE | N/A |
| Sleep Study | Sleep Study | Obesity, morbid | APPROVE | N/A |
| Sleep Study | Sleep Study | Obstructive sleep apnea | APPROVE | N/A |
| Sleep Study | Sleep Study | Obstructive sleep apnea | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Other sleep disorders | APPROVE | N/A |
| Sleep Study | Sleep Study | Other sleep disorders | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Otolaryngology diseases signs & symptoms | APPROVE | N/A |
| Sleep Study | Sleep Study | Otolaryngology diseases signs & symptoms | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Prior medical history (personal or family) affecting current health service utilization | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Pulmonology diseases signs & symptoms | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Sleep disturbance | APPROVE | N/A |
| Transcranial Magnetic Stimulation | Transcranial Magnetic Stimulation | Severe depression without psychosis | APPROVE | N/A |
| Transcranial Magnetic Stimulation | Transcranial Magnetic Stimulation | Severe depression without psychosis | DENY | Not Medically Necessary |
| Transplant | Transplant | Chronic renal failure, w/ESRD | APPROVE | N/A |
| Transplant | Transplant | Cirrhosis | APPROVE | N/A |
| Transplant | Transplant | Hodgkin's lymphoma | APPROVE | N/A |
| Transplant | Transplant | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Transplant | Transplant | Multiple myeloma, w/o remission | APPROVE | N/A |
| Transplant | Transplant | Solid organ transplant status | APPROVE | N/A |
| ABA Services BH | ABA Services BH | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Auditory Services | Auditory Services | Hearing disorders | APPROVE | N/A |
| Auditory Services | Auditory Services | Hearing disorders | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| BH PHP | BH PHP | Acute alcohol intoxication | APPROVE | N/A |
| BH PHP | BH PHP | Agoraphobia | APPROVE | N/A |
| BH PHP | BH PHP | Alcohol dependence | APPROVE | N/A |
| BH PHP | BH PHP | Alcohol dependence | DENY | Admin Denial |
| BH PHP | BH PHP | Alcohol dependence | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Alcoholism, in remission | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Amphetamine/stimulant abuse, in remission | APPROVE | N/A |
| BH PHP | BH PHP | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| BH PHP | BH PHP | Bipolar disorder, w/psychosis | APPROVE | N/A |
| BH PHP | BH PHP | Cocaine or amphetamine dependence | APPROVE | N/A |
| BH PHP | BH PHP | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| BH PHP | BH PHP | Mental disorders, organic & drug-induced | APPROVE | N/A |
| BH PHP | BH PHP | Mood disorder, bipolar | APPROVE | N/A |
| BH PHP | BH PHP | Opioid or barbiturate dependence | APPROVE | N/A |
| BH PHP | BH PHP | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| BH PHP | BH PHP | Other drug dependence | APPROVE | N/A |
| BH PHP | BH PHP | Personality disorder | APPROVE | N/A |
| BH PHP | BH PHP | Post-traumatic stress disorder | APPROVE | N/A |
| BH PHP | BH PHP | Psychotic & schizophrenic disorders | APPROVE | N/A |
| BH PHP | BH PHP | Schizoaffective schizophrenia | APPROVE | N/A |
| BH PHP | BH PHP | Severe depression without psychosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | -2 | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Adult rheumatoid arthritis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Adult rheumatoid arthritis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Agoraphobia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Anemia of chronic diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Anemia of chronic diseases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Bone metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Carcinoma in situ, breast | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 4 | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 5 | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Chronic kidney disease, stage 5 | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Chronic renal failure, w/ESRD | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Chronic tophaceous gout | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Crohn's disease | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Degenerative conditions of eyelids, major | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Demyelinating diseases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Demyelinating diseases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Diabetes mellitus w/severe retinopathy | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Diabetes mellitus w/severe retinopathy | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Hematuria | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hodgkin's lymphoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Hodgkin's lymphoma | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Hyperlipidemia, other | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Immunodeficiency w/predominantly antibody defects | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Inflammatory eye disease | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Iron deficiency anemia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Iron deficiency anemia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Iron deficiency anemia, from chronic blood loss | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Juvenile rheumatoid arthritis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Late effects & late complications | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Lupus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Major joint inflammation - unspecified | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant central nervous system metastases | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant liver metastases | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant melanoma | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Malignant melanoma | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of bladder | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of cervix | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of cervix | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of esophagus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of female breast | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of female breast | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of kidney | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of male breast | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of oropharynx | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of ovary | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of prostate | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of prostate | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, lung | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of pulmonary system, other than lung | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Malignant neoplasm of skin, minor | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of small intestine & abdomen | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of stomach | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of testes | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Malignant neoplasm of tongue | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Mechanism of Injury | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine headache | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine headache | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Migraine syndromes, w/status migrainosus | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine syndromes, w/status migrainosus | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Migraine, intractable | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Migraine, intractable | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Multiple myeloma, in relapse | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple myeloma, w/o remission | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Multiple sclerosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Myasthenia gravis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Nephrotic syndrome | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Nephrotic syndrome | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Neuroendocrine tumors | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Neuroendocrine tumors | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, aggressive | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, highly aggressive | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Non-Hodgkin's lymphoma, indolent | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Osteoporosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Osteoporosis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other inflammation of skin | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - knee & lower leg | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - neck | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Other orthopedic disorders - neck | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Primary thrombocytopenia | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Psoriasis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Psoriasis, w/arthropathy | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Rheumatoid lung | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Sarcoidosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe depression without psychosis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe persistent asthma | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------------|--------------------------|---|---------|-------------------------|
| Biopharmacy | Biopharmacy | Severe retinal vascular disorders | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Severe retinal vascular disorders | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Sickle-cell anemia | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Systemic lupus erythematosus w/organ involvement | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Systemic lupus erythematosus w/organ involvement | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Ulcerative colitis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Ulcerative colitis | DENY | Not Medically Necessary |
| Biopharmacy | Biopharmacy | Urethritis | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Urinary incontinence | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Wet macular degeneration | APPROVE | N/A |
| Biopharmacy | Biopharmacy | Wet macular degeneration | DENY | Not Medically Necessary |
| Community Based Services | Community Based Services | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Community Based Services | Community Based Services | Severe depression without psychosis | APPROVE | N/A |
| DME | DME | -2 | APPROVE | N/A |
| DME | DME | -2 | DENY | Not Medically Necessary |
| DME | DME | Abnormal results of cardiovascular function testing | APPROVE | N/A |
| DME | DME | Abnormal results of cardiovascular function testing | DENY | Not Medically Necessary |
| DME | DME | Acute myocardial infarction | APPROVE | N/A |
| DME | DME | Acute respiratory distress syndrome | APPROVE | N/A |
| DME | DME | Amyotrophic lateral sclerosis | APPROVE | N/A |
| DME | DME | Aortic stenosis and insufficiency | APPROVE | N/A |
| DME | DME | Bacterial infection of skin | DENY | Not Medically Necessary |
| DME | DME | Bone metastases | APPROVE | N/A |
| DME | DME | CVA w/hemiplegia | APPROVE | N/A |
| DME | DME | Cardiomyopathy | APPROVE | N/A |
| DME | DME | Carpal tunnel syndrome | APPROVE | N/A |
| DME | DME | Cauda equina syndrome | APPROVE | N/A |
| DME | DME | Cholesteatoma | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|---|---------|-------------------------|
| DME | DME | Chronic bronchitis, w/emphysema | APPROVE | N/A |
| DME | DME | Chronic obstructive pulmonary disease | APPROVE | N/A |
| DME | DME | Chronic obstructive pulmonary disease | DENY | Not Medically Necessary |
| DME | DME | Chronic pain syndrome | DENY | Not Medically Necessary |
| DME | DME | Chronic respiratory failure | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation of upper extremity - elbow & upper arm | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, foot & ankle, excl toe | APPROVE | N/A |
| DME | DME | Closed fracture or dislocation, forearm | APPROVE | N/A |
| DME | DME | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| DME | DME | Complicated joint degeneration - thoracic and lumbar spine | DENY | Not Medically Necessary |
| DME | DME | Complications of procedure except infection | APPROVE | N/A |
| DME | DME | Deformity of ankle or foot | APPROVE | N/A |
| DME | DME | Deformity of ankle or foot | DENY | Not Medically Necessary |
| DME | DME | Deformity of toe | APPROVE | N/A |
| DME | DME | Degeneration of back, w/radiculopathy | APPROVE | N/A |
| DME | DME | Degeneration of back, w/radiculopathy | DENY | Not Medically Necessary |
| DME | DME | Degeneration of neck, w/radiculopathy | APPROVE | N/A |
| DME | DME | Diabetes type I | APPROVE | N/A |
| DME | DME | Diabetes type II or unknown type | APPROVE | N/A |
| DME | DME | Diabetes type II or unknown type | DENY | Not Medically Necessary |
| DME | DME | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| DME | DME | Disorders of lymphatic channels | APPROVE | N/A |
| DME | DME | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| DME | DME | Fracture of non-cervical vertebra, w/o cord injury | APPROVE | N/A |
| DME | DME | Headache | DENY | Not Medically Necessary |
| DME | DME | Hearing disorders | APPROVE | N/A |
| DME | DME | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| DME | DME | History of surgical procedure | APPROVE | N/A |
| DME | DME | Infection of bone & joint - unspecified | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|--|---------|-------------------------|
| DME | DME | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| DME | DME | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| DME | DME | Joint degeneration, localized - back | APPROVE | N/A |
| DME | DME | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| DME | DME | Joint degeneration, localized - neck | APPROVE | N/A |
| DME | DME | Joint derangement - foot & ankle | APPROVE | N/A |
| DME | DME | Joint derangement - knee & lower leg | APPROVE | N/A |
| DME | DME | Joint derangement - knee & lower leg | DENY | Not Medically Necessary |
| DME | DME | Joint derangement - shoulder | APPROVE | N/A |
| DME | DME | Joint derangement - thigh, hip & pelvis | APPROVE | N/A |
| DME | DME | Late effects & late complications | APPROVE | N/A |
| DME | DME | Low back pain syndrome | APPROVE | N/A |
| DME | DME | Low back pain syndrome | DENY | Not Medically Necessary |
| DME | DME | Major injury, other than fracture or dislocation - thigh, hip & pelvis | APPROVE | N/A |
| DME | DME | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| DME | DME | Mechanism of Injury | APPROVE | N/A |
| DME | DME | Minor complication of pregnancy | DENY | Not Medically Necessary |
| DME | DME | Minor joint inflammation - elbow & upper arm | APPROVE | N/A |
| DME | DME | Minor joint inflammation - foot & ankle | APPROVE | N/A |
| DME | DME | Minor joint inflammation - foot & ankle | DENY | Not Medically Necessary |
| DME | DME | Minor orthopedic injury - elbow & upper arm | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - foot & ankle | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - hand, wrist & forearm | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - knee & lower leg | DENY | Not Medically Necessary |
| DME | DME | Minor orthopedic injury - shoulder | APPROVE | N/A |
| DME | DME | Minor orthopedic injury - thigh, hip & pelvis | APPROVE | N/A |
| DME | DME | Muscular dystrophy | APPROVE | N/A |
| DME | DME | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| DME | DME | Neurological diseases signs & symptoms | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------|-----------|---|---------|-------------------------|
| DME | DME | Neurological diseases signs & symptoms | DENY | Not Medically Necessary |
| DME | DME | Obesity, morbid | APPROVE | N/A |
| DME | DME | Obesity, morbid | DENY | Not Medically Necessary |
| DME | DME | Obstructive sleep apnea | APPROVE | N/A |
| DME | DME | Obstructive sleep apnea | DENY | Not Medically Necessary |
| DME | DME | Open wound - foot & ankle | APPROVE | N/A |
| DME | DME | Orthopedic aftercare | APPROVE | N/A |
| DME | DME | Orthopedic deformity - back | APPROVE | N/A |
| DME | DME | Osteoarthritis of knee | APPROVE | N/A |
| DME | DME | Osteoarthritis of unspecified joint | APPROVE | N/A |
| DME | DME | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - foot & ankle | APPROVE | N/A |
| DME | DME | Other orthopedic disorders - thigh, hip & pelvis | DENY | Not Medically Necessary |
| DME | DME | Other orthopedic disorders - unspecified | APPROVE | N/A |
| DME | DME | Other orthopedic disorders - unspecified | DENY | Not Medically Necessary |
| DME | DME | Other pulmonary disorders | APPROVE | N/A |
| DME | DME | Postphlebotic syndrome & venous hypertension w/complication | APPROVE | N/A |
| DME | DME | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| DME | DME | Pulmonary heart disease | APPROVE | N/A |
| DME | DME | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| DME | DME | Quadriplegia | APPROVE | N/A |
| DME | DME | Sequela of Closed fracture or dislocation of upper extremity - shoulder | APPROVE | N/A |
| DME | DME | Sequela of Non-cervical cord injury | APPROVE | N/A |
| DME | DME | Severe persistent asthma, with acute exacerbation | APPROVE | N/A |
| DME | DME | Shortness of breath | APPROVE | N/A |
| DME | DME | Spinal stenosis of non-cervical back | APPROVE | N/A |
| DME | DME | Subendocardial infarction | APPROVE | N/A |
| DME | DME | Tarsal fracture | APPROVE | N/A |
| DME | DME | Type 2 diabetes melitus, with neuropathy | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---|---|--|---------|-------------------------|
| DME | DME | Type 2 diabetes melitus, with neuropathy | DENY | Not Medically Necessary |
| DME | DME | Type 2 diabetes mellitus, with retinopathy | APPROVE | N/A |
| DME | DME | Vertebral compression fracture | APPROVE | N/A |
| Drug Testing | Drug Testing | Acute alcohol intoxication | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Alcohol dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Alcohol dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Alcoholism, in remission | APPROVE | N/A |
| Drug Testing | Drug Testing | Amphetamine/stimulant abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Chronic pain syndrome | APPROVE | N/A |
| Drug Testing | Drug Testing | Chronic pain syndrome | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Cocaine or amphetamine dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Joint degeneration, localized - back | APPROVE | N/A |
| Drug Testing | Drug Testing | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Admin Denial |
| Drug Testing | Drug Testing | Minor specific procedures not classified elsewhere | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Opioid abuse, in remission | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Opioid or barbiturate dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Other drug dependence | APPROVE | N/A |
| Drug Testing | Drug Testing | Other drug dependence | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Other preventative & administrative services | DENY | Not Medically Necessary |
| Drug Testing | Drug Testing | Seizures and convulsions | APPROVE | N/A |
| Drug Testing | Drug Testing | Severe depression without psychosis | DENY | Not Medically Necessary |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Atherosclerosis, renal artery | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Atherosclerosis, renal artery | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---|---|---|---------|-------------------------|
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Cerebral vascular disease | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Low back pain syndrome | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Low back pain syndrome | DENY | Not Medically Necessary |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Minor orthopedic injury - neck | DENY | Not Medically Necessary |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Non-cerebral, non-coronary atherosclerosis | DENY | Admin Denial |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Non-cerebral, non-coronary atherosclerosis | DENY | Not Medically Necessary |
| Experimental / Investigational Procedures | Experimental / Investigational Procedures | Non-malignant neoplasm of prostate, w/LUTS | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Acute myeloid leukemia | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Cardiac transplant/cardiac assist device/valve replacement status | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Cardiomyopathy | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Conditions associated with infertility | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Development disorder | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Elevated PSA | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Elevated PSA | DENY | Admin Denial |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Elevated PSA | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Encounters for specialized testing | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Endometrial hyperplasia | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Enlarged lymph nodes | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Fetal complication in pregnancy | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Focal epilepsy, intractable | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Grade 3 (malignant) meningioma | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | History of surgical procedure | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Hyperlipidemia, other | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Invasive malignant neoplasm of large intestine | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Major depression - mild, moderate and partial remission | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant liver metastases | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of bladder | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of esophagus | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of female breast | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of kidney | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of ovary | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of prostate | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Minor complication of pregnancy | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Multiple myeloma, w/o remission | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Myelodysplastic syndromes | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Myeloproliferative disorders | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Neoplasm of skin of uncertain behavior | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Non-toxic goiter | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------------|
| Genetic Testing & Counseling | Genetic Testing & Counseling | Obstetric signs & symptoms | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Obstetric signs & symptoms | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other diseases of genitourinary system | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other diseases of oral cavity | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Other intracranial neoplasm | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Personal history of malignancy | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Pregnancy, not yet delivered | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Pregnancy, not yet delivered | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Prior medical history (personal or family) affecting current health service utilization | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Rhinitis, allergic & non-allergic | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Solid organ transplant status | APPROVE | N/A |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Spontaneous abortion | DENY | Not Medically Necessary |
| Genetic Testing & Counseling | Genetic Testing & Counseling | Thrombocytopenia | APPROVE | N/A |
| Home Health | Home Health | Abdominal abscess | APPROVE | N/A |
| Home Health | Home Health | Acute heart failure | APPROVE | N/A |
| Home Health | Home Health | Acute pancreatitis | APPROVE | N/A |
| Home Health | Home Health | Asthma exacerbation without mention of status asthmaticus | APPROVE | N/A |
| Home Health | Home Health | Bacterial infection of skin | APPROVE | N/A |
| Home Health | Home Health | Bacterial lung infections | APPROVE | N/A |
| Home Health | Home Health | Cerebral thrombosis | APPROVE | N/A |
| Home Health | Home Health | Chronic obstructive pulmonary disease | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------|-------------|--|---------|-------------------|
| Home Health | Home Health | Chronic respiratory failure | APPROVE | N/A |
| Home Health | Home Health | Closed fracture of pelvis | APPROVE | N/A |
| Home Health | Home Health | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Home Health | Home Health | Closed fracture or dislocation, forearm | APPROVE | N/A |
| Home Health | Home Health | Complicated closed fracture, ankle | APPROVE | N/A |
| Home Health | Home Health | Complicated varicose veins | APPROVE | N/A |
| Home Health | Home Health | Diabetes type II or unknown type | APPROVE | N/A |
| Home Health | Home Health | Diabetic foot ulcer & other skin complications | APPROVE | N/A |
| Home Health | Home Health | Disorders of lymphatic channels | APPROVE | N/A |
| Home Health | Home Health | Dissociative, conversion or factitious disorders | DENY | Admin Denial |
| Home Health | Home Health | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Home Health | Home Health | Hepatology diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | History of surgical procedure | APPROVE | N/A |
| Home Health | Home Health | Hypertension | APPROVE | N/A |
| Home Health | Home Health | Hypertensive heart disease w/heart failure | APPROVE | N/A |
| Home Health | Home Health | Hypertensive urgency/emergency | APPROVE | N/A |
| Home Health | Home Health | Infection of bone & joint - unspecified | APPROVE | N/A |
| Home Health | Home Health | Infection of rectum or anus | APPROVE | N/A |
| Home Health | Home Health | Influenza | APPROVE | N/A |
| Home Health | Home Health | Iron deficiency anemia | APPROVE | N/A |
| Home Health | Home Health | Ischemic heart disease | APPROVE | N/A |
| Home Health | Home Health | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of cerebrum | APPROVE | N/A |
| Home Health | Home Health | Malignant neoplasm of female breast | APPROVE | N/A |
| Home Health | Home Health | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Home Health | Home Health | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Home Health | Home Health | Necrotizing fasciitis | APPROVE | N/A |
| Home Health | Home Health | Neurological diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| Home Health | Home Health | Orthopedic aftercare | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------|------------------|---|---------|-------------------|
| Home Health | Home Health | Osteoarthritis of knee | APPROVE | N/A |
| Home Health | Home Health | Other diseases of veins | APPROVE | N/A |
| Home Health | Home Health | Other disorders of ear/nose/throat | APPROVE | N/A |
| Home Health | Home Health | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Home Health | Home Health | Other inflammation of skin | APPROVE | N/A |
| Home Health | Home Health | Other neurological diseases | APPROVE | N/A |
| Home Health | Home Health | Other preventative & administrative services | APPROVE | N/A |
| Home Health | Home Health | Postoperative infections | APPROVE | N/A |
| Home Health | Home Health | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Home Health | Home Health | Quadriplegia | APPROVE | N/A |
| Home Health | Home Health | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Hospice Services | Hospice Services | Alcohol related cirrhosis | APPROVE | N/A |
| Hospice Services | Hospice Services | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Hospice Services | Hospice Services | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |
| Hospice Services | Hospice Services | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Hospice Services | Hospice Services | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant melanoma | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of cerebrum | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of esophagus | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of female breast | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of pancreas, carcinoma | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of prostate | APPROVE | N/A |
| Hospice Services | Hospice Services | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Hospice Services | Hospice Services | Other diseases of female genital tract | APPROVE | N/A |
| Hospice Services | Hospice Services | Other intracranial neoplasm | APPROVE | N/A |
| Hospice Services | Hospice Services | Other malignant neoplasm of skin, major | APPROVE | N/A |
| Hospice Services | Hospice Services | Other neurological diseases | APPROVE | N/A |
| Hospice Services | Hospice Services | Pulmonology diseases signs & symptoms | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------------|---|---------|-------------------------|
| Hospital Admission | BH RTC-CD | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Alcohol dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | DENY | Loss of Eligibility |
| Hospital Admission | BH RTC-CD | Cocaine or amphetamine dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-CD | Other drug dependence | APPROVE | N/A |
| Hospital Admission | BH RTC-CD | Other drug dependence | DENY | Not Medically Necessary |
| Hospital Admission | BH RTC-MH | Depression, w/psychosis | APPROVE | N/A |
| Hospital Admission | BH RTC-MH | Post-traumatic stress disorder | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Preterm labor | APPROVE | N/A |
| Hospital Admission | C-Section Delivery | Threatened labor | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | Chemical/Substance Abuse | Opioid or barbiturate dependence | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------------|--|---------|-------------------------|
| Hospital Admission | Chemical/Substance Abuse | Opioid or barbiturate dependence | DENY | Not Medically Necessary |
| Hospital Admission | Long Term Acute Care | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Necrotizing fasciitis | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Other intracranial neoplasm | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Severe bacterial infections of skin | APPROVE | N/A |
| Hospital Admission | Long Term Acute Care | Soft tissue ulceration, advanced stage | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal abscess | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Abdominal mass or swelling | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal pain | APPROVE | N/A |
| Hospital Admission | Medical | Abdominal pain | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Abnormal gait | APPROVE | N/A |
| Hospital Admission | Medical | Acid-base disorders | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Acute alcohol intoxication | APPROVE | N/A |
| Hospital Admission | Medical | Acute alcohol intoxication | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Acute blood loss anemia | APPROVE | N/A |
| Hospital Admission | Medical | Acute cystitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute deep venous thrombosis, distal lower extremity and upper extremity | APPROVE | N/A |
| Hospital Admission | Medical | Acute heart failure | APPROVE | N/A |
| Hospital Admission | Medical | Acute lymphoid leukemia, in remission | APPROVE | N/A |
| Hospital Admission | Medical | Acute myeloid leukemia | APPROVE | N/A |
| Hospital Admission | Medical | Acute myocardial infarction | APPROVE | N/A |
| Hospital Admission | Medical | Acute pancreatitis | APPROVE | N/A |
| Hospital Admission | Medical | Acute pancreatitis | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Acute pancreatitis with necrosis | APPROVE | N/A |
| Hospital Admission | Medical | Acute renal failure | APPROVE | N/A |
| Hospital Admission | Medical | Acute renal failure | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Agoraphobia | APPROVE | N/A |
| Hospital Admission | Medical | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Medical | Alcohol dependence | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Alcohol related cirrhosis | APPROVE | N/A |
| Hospital Admission | Medical | Alcohol related cirrhosis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Altered mental status | APPROVE | N/A |
| Hospital Admission | Medical | Aneurysm involving thoracic aorta | APPROVE | N/A |
| Hospital Admission | Medical | Aortic stenosis and insufficiency | APPROVE | N/A |
| Hospital Admission | Medical | Appendicitis | APPROVE | N/A |
| Hospital Admission | Medical | Appendicitis, w/rupture | APPROVE | N/A |
| Hospital Admission | Medical | Arterial embolism/thrombosis | APPROVE | N/A |
| Hospital Admission | Medical | Ascites | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Aspiration pneumonitis | APPROVE | N/A |
| Hospital Admission | Medical | Asthma exacerbation without mention of status asthmaticus | APPROVE | N/A |
| Hospital Admission | Medical | Asthma exacerbation without mention of status asthmaticus | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Atrial fibrillation | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial infection of skin | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Medical | Bacterial lung infections | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Biliary obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Bowel obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Brain trauma | APPROVE | N/A |
| Hospital Admission | Medical | Burns | APPROVE | N/A |
| Hospital Admission | Medical | Burns, third degree | APPROVE | N/A |
| Hospital Admission | Medical | CNS neoplasm of uncertain behavior | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|-------------------------|
| Hospital Admission | Medical | COVID-19 | APPROVE | N/A |
| Hospital Admission | Medical | CVA w/hemiplegia | APPROVE | N/A |
| Hospital Admission | Medical | CVA w/hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Calculus of gallbladder with cholecystitis and obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Cardiac arrest | APPROVE | N/A |
| Hospital Admission | Medical | Cardiogenic shock | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Medical | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Medical | Chest pain | APPROVE | N/A |
| Hospital Admission | Medical | Chest trauma, closed | APPROVE | N/A |
| Hospital Admission | Medical | Cholecystitis | APPROVE | N/A |
| Hospital Admission | Medical | Cholecystitis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Cholelithiasis | APPROVE | N/A |
| Hospital Admission | Medical | Chronic bronchitis, w/emphysema | APPROVE | N/A |
| Hospital Admission | Medical | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Hospital Admission | Medical | Chronic pain syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Chronic pancreatitis | APPROVE | N/A |
| Hospital Admission | Medical | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Medical | Chronic sinusitis | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture of pelvis | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation - head & face | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation of trunk | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation, foot & ankle, excl toe | APPROVE | N/A |
| Hospital Admission | Medical | Closed fracture or dislocation, forearm | APPROVE | N/A |
| Hospital Admission | Medical | Combined systolic and diastolic heart failure, acute | APPROVE | N/A |
| Hospital Admission | Medical | Combined systolic and diastolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Medical | Constipation | APPROVE | N/A |
| Hospital Admission | Medical | Demyelinating diseases | APPROVE | N/A |
| Hospital Admission | Medical | Dermatological signs & symptoms | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|-------------------|
| Hospital Admission | Medical | Diabetes in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type I | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type I with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II or unknown type | APPROVE | N/A |
| Hospital Admission | Medical | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diabetic coma | APPROVE | N/A |
| Hospital Admission | Medical | Diabetic ketoacidosis | APPROVE | N/A |
| Hospital Admission | Medical | Diarrhea | APPROVE | N/A |
| Hospital Admission | Medical | Dislocation of hip | APPROVE | N/A |
| Hospital Admission | Medical | Disturbance of skin sensation | APPROVE | N/A |
| Hospital Admission | Medical | Diverticulitis | APPROVE | N/A |
| Hospital Admission | Medical | Diverticulitis with hemorrhage | APPROVE | N/A |
| Hospital Admission | Medical | Dizziness | APPROVE | N/A |
| Hospital Admission | Medical | Eating disorder | APPROVE | N/A |
| Hospital Admission | Medical | Edema | APPROVE | N/A |
| Hospital Admission | Medical | Electrolyte imbalance | APPROVE | N/A |
| Hospital Admission | Medical | Endocarditis | APPROVE | N/A |
| Hospital Admission | Medical | Endocrine disease signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Enlarged liver or spleen | APPROVE | N/A |
| Hospital Admission | Medical | Environmental trauma | APPROVE | N/A |
| Hospital Admission | Medical | Epiglottitis, w/o obstruction | APPROVE | N/A |
| Hospital Admission | Medical | External eye infection, except conjunctivitis | APPROVE | N/A |
| Hospital Admission | Medical | Fatigue | APPROVE | N/A |
| Hospital Admission | Medical | Fetal complication in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Fever | APPROVE | N/A |
| Hospital Admission | Medical | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Hospital Admission | Medical | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Medical | Frostbite | APPROVE | N/A |
| Hospital Admission | Medical | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Generalized seizures | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Headache | APPROVE | N/A |
| Hospital Admission | Medical | Heart failure with systolic or systolic/diastolic dysfunction | APPROVE | N/A |
| Hospital Admission | Medical | Heart failure with systolic or systolic/diastolic dysfunction | DENY | Not Medically Necessary |
| Hospital Admission | Medical | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Medical | Hyper-functioning thyroid gland | APPROVE | N/A |
| Hospital Admission | Medical | Hypertension | APPROVE | N/A |
| Hospital Admission | Medical | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Hypertensive urgency/emergency | APPROVE | N/A |
| Hospital Admission | Medical | Hypertensive urgency/emergency | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Hypotension | APPROVE | N/A |
| Hospital Admission | Medical | Incisional hernia with obstruction | APPROVE | N/A |
| Hospital Admission | Medical | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Hospital Admission | Medical | Infection of bone & joint - hand, wrist & forearm | APPROVE | N/A |
| Hospital Admission | Medical | Infection of bone & joint - thigh, hip & pelvis | APPROVE | N/A |
| Hospital Admission | Medical | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Infection of lower genitourinary system, not sexually transmitted | APPROVE | N/A |
| Hospital Admission | Medical | Infection of ovary &/or fallopian tubes | APPROVE | N/A |
| Hospital Admission | Medical | Infection of rectum or anus | APPROVE | N/A |
| Hospital Admission | Medical | Infection of vagina except monilial | APPROVE | N/A |
| Hospital Admission | Medical | Infections of oral cavity | APPROVE | N/A |
| Hospital Admission | Medical | Infectious diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Infectious diseases signs & symptoms | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Inflammation of genitourinary system, except kidney stones | APPROVE | N/A |
| Hospital Admission | Medical | Inflammation of genitourinary system, except kidney stones | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Inflammatory eye disease | APPROVE | N/A |
| Hospital Admission | Medical | Influenza | APPROVE | N/A |
| Hospital Admission | Medical | Iron deficiency anemia | APPROVE | N/A |
| Hospital Admission | Medical | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Medical | Ischemic heart disease | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|------------------------------|
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Lack of Clinical Information |
| Hospital Admission | Medical | Isolated signs, symptoms & non-specific diagnoses or conditions | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Jaundice | APPROVE | N/A |
| Hospital Admission | Medical | Joint degeneration, localized - back | APPROVE | N/A |
| Hospital Admission | Medical | Joint degeneration, localized - neck | APPROVE | N/A |
| Hospital Admission | Medical | Joint derangement - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Late effects & late complications | APPROVE | N/A |
| Hospital Admission | Medical | Low back pain syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Macronutrient malnutrition, mild-moderate | APPROVE | N/A |
| Hospital Admission | Medical | Major depression - mild, moderate and partial remission | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Major other arterial disease | APPROVE | N/A |
| Hospital Admission | Medical | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Medical | Major specific procedures not classified elsewhere | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Malignant central nervous system metastases | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of esophagus | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of kidney | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of pulmonary system, other than lung | APPROVE | N/A |
| Hospital Admission | Medical | Malignant neoplasm of rectum or anus | APPROVE | N/A |
| Hospital Admission | Medical | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Medical | Metabolic disorders causing systemic disease | APPROVE | N/A |
| Hospital Admission | Medical | Migraine headache | APPROVE | N/A |
| Hospital Admission | Medical | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | Medical | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Minor orthopedic injury - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Medical | Multiple myeloma, w/o remission | APPROVE | N/A |
| Hospital Admission | Medical | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------------|
| Hospital Admission | Medical | Musculoskeletal pain and stiffness of extremities | DENY | Lack of Provider Notification |
| Hospital Admission | Medical | Nausea and vomiting | APPROVE | N/A |
| Hospital Admission | Medical | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Neutropenia | APPROVE | N/A |
| Hospital Admission | Medical | Non-malignant neoplasm of pancreas | APPROVE | N/A |
| Hospital Admission | Medical | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| Hospital Admission | Medical | Open fracture or dislocation, knee & lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Open wound - lower leg | APPROVE | N/A |
| Hospital Admission | Medical | Open wound - trunk | APPROVE | N/A |
| Hospital Admission | Medical | Opioid or barbiturate dependence | APPROVE | N/A |
| Hospital Admission | Medical | Orchitis | APPROVE | N/A |
| Hospital Admission | Medical | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Hospital Admission | Medical | Other & unspecified leukemia, nonspecific cell type, in remisison | APPROVE | N/A |
| Hospital Admission | Medical | Other cardiac diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases & disorders of rectum & anus | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of genitourinary system | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Medical | Other disorders of ear/nose/throat | APPROVE | N/A |
| Hospital Admission | Medical | Other drug dependence | APPROVE | N/A |
| Hospital Admission | Medical | Other drug dependence | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other epilepsy, intractable | APPROVE | N/A |
| Hospital Admission | Medical | Other epilepsy, with status epilepticus | APPROVE | N/A |
| Hospital Admission | Medical | Other hematologic diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Medical | Other infectious diseases of intestines & abdomen | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other inflammation of intestines & abdomen | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Other inflammation of intestines & abdomen | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other inflammatory lung diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other neurological diseases | APPROVE | N/A |
| Hospital Admission | Medical | Other neurological diseases | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Hospital Admission | Medical | Other pulmonary disorders | APPROVE | N/A |
| Hospital Admission | Medical | Other renal conditions | APPROVE | N/A |
| Hospital Admission | Medical | Paraplegia | APPROVE | N/A |
| Hospital Admission | Medical | Paroxysmal atrial tachycardia | APPROVE | N/A |
| Hospital Admission | Medical | Pericarditis, uncomplicated | APPROVE | N/A |
| Hospital Admission | Medical | Peritonitis | APPROVE | N/A |
| Hospital Admission | Medical | Personal history of malignancy | APPROVE | N/A |
| Hospital Admission | Medical | Pharyngeal abscess | APPROVE | N/A |
| Hospital Admission | Medical | Poisonings & toxic effects of drugs | APPROVE | N/A |
| Hospital Admission | Medical | Postoperative infections | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, w/mild preeclampsia | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, w/severe preeclampsia & eclampsia | APPROVE | N/A |
| Hospital Admission | Medical | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | Medical | Preterm labor | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonary embolism | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonary heart disease | APPROVE | N/A |
| Hospital Admission | Medical | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Medical | Pyelonephritis, uncomplicated | APPROVE | N/A |
| Hospital Admission | Medical | Pyelonephritis, uncomplicated | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Radiation gastroenteritis | APPROVE | N/A |
| Hospital Admission | Medical | Secondary diabetes mellitus with acute complication | APPROVE | N/A |
| Hospital Admission | Medical | Seizures and convulsions | APPROVE | N/A |
| Hospital Admission | Medical | Septic shock | APPROVE | N/A |
| Hospital Admission | Medical | Severe bacterial infections of skin | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|---|---------|-------------------------|
| Hospital Admission | Medical | Severe liver disease | APPROVE | N/A |
| Hospital Admission | Medical | Severe persistent asthma, with acute exacerbation | APPROVE | N/A |
| Hospital Admission | Medical | Sexually transmitted diseases, disseminated | APPROVE | N/A |
| Hospital Admission | Medical | Shock | APPROVE | N/A |
| Hospital Admission | Medical | Shortness of breath | APPROVE | N/A |
| Hospital Admission | Medical | Shortness of breath | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Sickle-cell anemia & variants, w/crisis | APPROVE | N/A |
| Hospital Admission | Medical | Soft tissue ulceration, advanced stage | APPROVE | N/A |
| Hospital Admission | Medical | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Hospital Admission | Medical | Stones in kidney | APPROVE | N/A |
| Hospital Admission | Medical | Stones in kidney | DENY | Admin Denial |
| Hospital Admission | Medical | Stones in kidney | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Stones in ureter | APPROVE | N/A |
| Hospital Admission | Medical | Subendocardial infarction | APPROVE | N/A |
| Hospital Admission | Medical | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Medical | Suicidal and homicidal ideation | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Syncope and collapse | APPROVE | N/A |
| Hospital Admission | Medical | Syncope and collapse | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Systemic infection syndromes | APPROVE | N/A |
| Hospital Admission | Medical | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Medical | Systolic heart failure, acute on chronic | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Threatened labor | APPROVE | N/A |
| Hospital Admission | Medical | Tonsillitis w/complication | APPROVE | N/A |
| Hospital Admission | Medical | Transient ischemic attack | APPROVE | N/A |
| Hospital Admission | Medical | Trauma of eye | APPROVE | N/A |
| Hospital Admission | Medical | Trauma of hepatobiliary system | APPROVE | N/A |
| Hospital Admission | Medical | Ulcer | APPROVE | N/A |
| Hospital Admission | Medical | Ulcer, w/hemorrhage | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------------|--|---------|----------------------------|
| Hospital Admission | Medical | Ulcerative colitis | APPROVE | N/A |
| Hospital Admission | Medical | Ulcerative colitis | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Unspecified anemia | APPROVE | N/A |
| Hospital Admission | Medical | Urinary incontinence | APPROVE | N/A |
| Hospital Admission | Medical | Urological diseases signs & symptoms | DENY | Not Medically Necessary |
| Hospital Admission | Medical | Vertebral compression fracture | APPROVE | N/A |
| Hospital Admission | Medical | Visual disturbances | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, very low, 1000 - 1499 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Birth weight, low, 1500 - 2499 grams | APPROVE | N/A |
| Hospital Admission | Neonate | Chemical dependency related disorders, antenatal origin | APPROVE | N/A |
| Hospital Admission | Neonate | Congenital anomalies of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Neonate | Extreme preterm infant , 24-27 weeks gestation | APPROVE | N/A |
| Hospital Admission | Neonate | High risk perinatal medical disease | APPROVE | N/A |
| Hospital Admission | Neonate | Intrauterine hypoxia & birth asphyxia | APPROVE | N/A |
| Hospital Admission | Neonate | Mild preterm infant , 32-36 weeks gestation | APPROVE | N/A |
| Hospital Admission | Neonate | Neonatal endocrine and metabolic disorders | APPROVE | N/A |
| Hospital Admission | Neonate | Neonatal hypoglycemia | APPROVE | N/A |
| Hospital Admission | Neonate | Neonatal respiratory distress syndrome and related conditios | APPROVE | N/A |
| Hospital Admission | Neonate | Other disorders, antenatal origin | APPROVE | N/A |
| Hospital Admission | Neonate | Pregnancy, not yet delivered | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Agoraphobia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Agoraphobia | DENY | Authorization Not Required |
| Hospital Admission | Psychiatric Admission | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Altered mental status | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Bipolar disorder, w/psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Cocaine or amphetamine dependence | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Conduct disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Depression, w/psychosis | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------------|--|---------|-------------------------|
| Hospital Admission | Psychiatric Admission | Dysthymia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | DENY | Loss of Eligibility |
| Hospital Admission | Psychiatric Admission | Major depression - mild, moderate and partial remission | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Mood disorder, bipolar | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Panic disorder | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Paranoid schizophrenia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Personality disorder | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Post-traumatic stress disorder | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychiatric diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Psychotic & schizophrenic disorders | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Schizoaffective schizophrenia | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Severe depression without psychosis | APPROVE | N/A |
| Hospital Admission | Psychiatric Admission | Severe depression without psychosis | DENY | Not Medically Necessary |
| Hospital Admission | Psychiatric Admission | Suicidal and homicidal ideation | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Alcohol dependence | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Brain trauma | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Closed fracture of pelvis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Complicated brain injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Fatigue | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------|--|---------|-------------------------|
| Hospital Admission | Rehab Inpatient | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Inflammation of central nervous system, other | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Major injury, excluding dislocation, fracture, amputation - thigh, hip or pelvis | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Mechanism of Injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Non-cervical cord injury | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Non-malignant neoplasm of central nervous system | DENY | Not Medically Necessary |
| Hospital Admission | Rehab Inpatient | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Other fracture of femur | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Parkinson's disease | APPROVE | N/A |
| Hospital Admission | Rehab Inpatient | Quadriplegia | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | AIDS HIV-1 | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Abdominal abscess | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Acute heart failure | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Acute respiratory distress syndrome | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Altered mental status | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Bacterial lung infections | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Cerebral thrombosis | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Chronic respiratory failure | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Dementia | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Diabetes type I with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Diabetes type II with ketoacidosis | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Fatigue | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Hereditary & degenerative diseases of central nervous system, other | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------------|---|---------|-------------------|
| Hospital Admission | Skilled Nursing | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Infection of lower genitourinary system, not sexually transmitted | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Joint degeneration, localized - neck | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Major specific procedures not classified elsewhere | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Myelopathy | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Neurological diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Orthopedic aftercare | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Other epilepsy, intractable | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Other neurological diseases | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Seizures and convulsions | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Septic shock | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Skin trauma, except burn & open wound - trunk | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Systolic heart failure | APPROVE | N/A |
| Hospital Admission | Skilled Nursing | Systolic heart failure, acute on chronic | APPROVE | N/A |
| Hospital Admission | Surgical | Artificial opening status | APPROVE | N/A |
| Hospital Admission | Surgical | Atherosclerosis, w/ulcerations | APPROVE | N/A |
| Hospital Admission | Surgical | Bacterial infection of skin | APPROVE | N/A |
| Hospital Admission | Surgical | Bowel obstruction | APPROVE | N/A |
| Hospital Admission | Surgical | Burns | APPROVE | N/A |
| Hospital Admission | Surgical | Burns, third degree | APPROVE | N/A |
| Hospital Admission | Surgical | Cardiac congenital disorder | APPROVE | N/A |
| Hospital Admission | Surgical | Carpal tunnel syndrome | APPROVE | N/A |
| Hospital Admission | Surgical | Cerebral vascular disease | APPROVE | N/A |
| Hospital Admission | Surgical | Cholecystitis | APPROVE | N/A |
| Hospital Admission | Surgical | Chronic kidney disease, stage 3 | APPROVE | N/A |
| Hospital Admission | Surgical | Chronic pancreatitis | APPROVE | N/A |
| Hospital Admission | Surgical | Chronic renal failure, w/ESRD | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|-------------------------|
| Hospital Admission | Surgical | Closed fracture of pelvis | APPROVE | N/A |
| Hospital Admission | Surgical | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Hospital Admission | Surgical | Complicated closed fracture, femoral neck or head | APPROVE | N/A |
| Hospital Admission | Surgical | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |
| Hospital Admission | Surgical | Congenital malformation of CNS | APPROVE | N/A |
| Hospital Admission | Surgical | Degeneration of back, w/radiculopathy | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Dysmenorrhea | APPROVE | N/A |
| Hospital Admission | Surgical | Dysplasia of cervix | APPROVE | N/A |
| Hospital Admission | Surgical | Ectopic pregnancy | APPROVE | N/A |
| Hospital Admission | Surgical | Endometrial hyperplasia | APPROVE | N/A |
| Hospital Admission | Surgical | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Hospital Admission | Surgical | Fracture of femoral neck | APPROVE | N/A |
| Hospital Admission | Surgical | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Surgical | Gender dysphoria | APPROVE | N/A |
| Hospital Admission | Surgical | History of surgical procedure | APPROVE | N/A |
| Hospital Admission | Surgical | Infection of bone & joint - unspecified | APPROVE | N/A |
| Hospital Admission | Surgical | Ischemic heart disease | APPROVE | N/A |
| Hospital Admission | Surgical | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Surgical | Joint degeneration, localized - back | APPROVE | N/A |
| Hospital Admission | Surgical | Joint degeneration, localized - neck | APPROVE | N/A |
| Hospital Admission | Surgical | Late effects & late complications | APPROVE | N/A |
| Hospital Admission | Surgical | Major joint inflammation - back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Malignant melanoma | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of anus & rectum | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of bladder | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of connective tissue | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of esophagus | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of female breast | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of kidney | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of prostate | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|-----------|--|---------|-------------------------|
| Hospital Admission | Surgical | Malignant neoplasm of small intestine & abdomen | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of testes | APPROVE | N/A |
| Hospital Admission | Surgical | Malignant neoplasm of tongue | APPROVE | N/A |
| Hospital Admission | Surgical | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Hospital Admission | Surgical | Menorrhagia | APPROVE | N/A |
| Hospital Admission | Surgical | Minor orthopedic injury - shoulder | APPROVE | N/A |
| Hospital Admission | Surgical | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Hospital Admission | Surgical | Non-malignant neoplasm of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Surgical | Non-malignant neoplasm of pituitary gland | APPROVE | N/A |
| Hospital Admission | Surgical | Obesity, morbid | APPROVE | N/A |
| Hospital Admission | Surgical | Open fracture or dislocation, ankle & foot | APPROVE | N/A |
| Hospital Admission | Surgical | Open wound - trunk | APPROVE | N/A |
| Hospital Admission | Surgical | Osteoarthritis of knee | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of endocrine glands | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of female genital tract | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of genitourinary system | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of intestines & abdomen | APPROVE | N/A |
| Hospital Admission | Surgical | Other diseases of spinal cord | APPROVE | N/A |
| Hospital Admission | Surgical | Other major infectious diseases | APPROVE | N/A |
| Hospital Admission | Surgical | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Hospital Admission | Surgical | Ovarian cyst | APPROVE | N/A |
| Hospital Admission | Surgical | Pulmonology diseases signs & symptoms | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of neck | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Hospital Admission | Surgical | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Hospital Admission | Surgical | Stones in ureter | APPROVE | N/A |
| Hospital Admission | Surgical | Systemic inflammatory response syndrome | APPROVE | N/A |
| Hospital Admission | Surgical | Transient ischemic attack | APPROVE | N/A |
| Hospital Admission | Surgical | Urinary incontinence | APPROVE | N/A |
| Hospital Admission | Surgical | Uterine leiomyoma | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---------------------------|---------------------------|---|---------|-------------------------|
| Hospital Admission | Surgical | Ventral hernia | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Abnormalities of genital tract in pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Hypertension in pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Isolated signs, symptoms & non-specific diagnoses or conditions | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Minor complication of pregnancy | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, not yet delivered | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Pregnancy, with delivery | APPROVE | N/A |
| Hospital Admission | Vaginal Delivery | Preterm labor | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Infection of bone & joint - foot & ankle | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Irradiation cystitis | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Other inflammation of skin | APPROVE | N/A |
| Hyperbaric Oxygen Therapy | Hyperbaric Oxygen Therapy | Soft tissue ulceration, advanced stage | APPROVE | N/A |
| Infertility | Infertility | Conditions associated with infertility | APPROVE | N/A |
| Infertility | Infertility | Endometriosis | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Artificial opening status | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Congenital malformation of CNS | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Degeneration of back, w/radiculopathy | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Fracture of cervical vertebra, w/o cord injury | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Late effects & late complications | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Major joint inflammation - back | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Mechanical complications of internal orthopedic device | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Osteoarthritis of knee | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Other diseases of spinal cord | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Other diseases of spinal cord | DENY | Not Medically Necessary |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of neck | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Inpatient Services (S&P) | Inpatient Services (S&P) | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|---|---------|-------------------------|
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Agoraphobia | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Admin Denial |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Not Medically Necessary |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Alcohol dependence | DENY | Not a covered benefit |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Amphetamine/stimulant abuse, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Bipolar disorder, severe, w/o psychosis | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cannabis, hallucinogen and/or other psychoactive substance abuse/dependence, in remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cocaine or amphetamine dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Cocaine or amphetamine dependence | DENY | Not a covered benefit |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Depression, w/psychosis | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Major depression - mild, moderate and partial remission | DENY | Not Medically Necessary |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Mental disorders, organic & drug-induced | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Mood disorder, bipolar | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid or barbiturate dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Opioid or barbiturate dependence | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|------------------------------|------------------------------|--|---------|-------------------|
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Other drug dependence | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Personality disorder | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Psychotic & schizophrenic disorders | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Schizoaffective schizophrenia | APPROVE | N/A |
| Intensive Outpatient Therapy | Intensive Outpatient Therapy | Severe depression without psychosis | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Acute respiratory distress syndrome | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Chronic obstructive pulmonary disease | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Diabetes type I | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Diabetes type II or unknown type | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | History of surgical procedure | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Immunodeficiencies | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Joint degeneration, localized - back | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Joint degeneration, localized - neck | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Malignant neoplasm of oropharynx | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Non-malignant neoplasm of prostate, w/LUTS | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------------------|-----------------------------|--|---------|-------------------------|
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Obstructive sleep apnea | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Obstructive sleep apnea | DENY | Not Medically Necessary |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Other diseases of oral cavity | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Otolaryngology diseases signs & symptoms | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Sick sinus syndrome | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Trauma to ear/nose/throat | APPROVE | N/A |
| Not Applicable - DO NOT USE | Not Applicable - DO NOT USE | Urinary incontinence | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Abdominal pain | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Abdominal pain | DENY | Not Medically Necessary |
| Outpatient Services | Outpatient Services | Acute respiratory distress syndrome | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Acute upper respiratory infection, unspecified | DENY | Admin Denial |
| Outpatient Services | Outpatient Services | Bacterial lung infections | APPROVE | N/A |
| Outpatient Services | Outpatient Services | CVA w/hemiplegia | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Cardiovascular autonomic neuropathy | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Exposure to infectious diseases | DENY | Admin Denial |
| Outpatient Services | Outpatient Services | Female sex gland disorders | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Infection of vagina except monilial | DENY | Admin Denial |
| Outpatient Services | Outpatient Services | Infections of oral cavity | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Inflammation of oral cavity | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Invasive malignant neoplasm of large intestine | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Iron deficiency anemia | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Iron deficiency anemia, from chronic blood loss | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Joint degeneration, localized - back | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Major injury, excluding dislocation, fracture, amputation - shoulder | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|---------------------|---------------------|--|---------|-------------------------|
| Outpatient Services | Outpatient Services | Malignant neoplasm of ovary | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Malignant neoplasm of pulmonary system, lung | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Minor specific procedures not classified elsewhere | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Other & unspecified diseases & disorders of eye & adnexa | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Other hematologic diseases | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Other inflammation of intestines & abdomen | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Postphlebotic syndrome & venous hypertension w/complication | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Psoriasis, w/arthritis | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Seizures and convulsions | DENY | Admin Denial |
| Outpatient Services | Outpatient Services | Severe depression without psychosis | APPROVE | N/A |
| Outpatient Services | Outpatient Services | Urinary incontinence | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Abnormal results of cardiovascular function testing | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, w/rest pain | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atherosclerosis, w/ulcerations | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Atrial fibrillation | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Benign osteochondropathies of lower extremity | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Benign osteochondropathies of lower extremity | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Carpal tunnel syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Cerebral thrombosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Cholesteatoma | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Chronic pain syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Chronic pain syndrome | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Chronic sinusitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Closed fracture or dislocation of lower extremity - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Closed fracture or dislocation of lower extremity - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Complicated joint degeneration - thoracic and lumbar spine | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Complicated varicose veins | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Congenital & acquired anomalies of ear/nose/throat | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|--|---------|-------------------------------|
| Outpatient Surgery | Outpatient Surgery | Deformity of ankle or foot | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of toe | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Deformity of toe | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Degeneration of neck, w/myelopathy | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Degeneration of neck, w/radiculopathy | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Degenerative conditions of eyelids, major | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Erectile dysfunction | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Gastroenterology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Gastroenterology diseases signs & symptoms | DENY | Lack of Provider Notification |
| Outpatient Surgery | Outpatient Surgery | Gender dysphoria | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Glaucoma, moderate risk | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | History of surgical procedure | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - back | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - foot & ankle | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - thigh, hip & pelvis | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - unspecified | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Joint derangement - unspecified | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Late effects & late complications | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Low back pain syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major inflammatory conditions of ear/nose/throat | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, excluding dislocation, fracture, amputation - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Major injury, other than fracture or dislocation - knee & lower leg | APPROVE | N/A |



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|--------------------|--------------------|---|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Major injury, other than fracture or dislocation - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Major joint inflammation - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of female breast | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Malignant neoplasm of liver and intrahepatic bile ducts | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - knee & lower leg | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - unspecified | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor joint inflammation - unspecified | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - hand, wrist & forearm | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - shoulder | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Minor orthopedic injury - shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Neoplasm of skin of uncertain behavior | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Non-cerebral, non-coronary atherosclerosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Non-cerebral, non-coronary atherosclerosis | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Non-malignant neoplasm of central nervous system | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Obstructive sleep apnea | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Orthopedic aftercare | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Orthopedic deformity - foot & ankle | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis hip | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis hip | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of foot and ankle | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of hand & wrist | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of knee | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of knee | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of shoulder | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-------------------------|-------------------------|--|---------|-------------------------|
| Outpatient Surgery | Outpatient Surgery | Osteoarthritis of shoulder | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Osteonecrosis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other & unspecified diseases & disorders of eye & adnexa | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other diseases of spinal cord | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other diseases of veins | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other disorders of breast | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other disorders of ear/nose/throat | DENY | Out of Network |
| Outpatient Surgery | Outpatient Surgery | Other inflammation of skin | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other major inflammation of skin | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Other orthopedic disorders - back | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Other orthopedic disorders - knee & lower leg | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Otitis media | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Otolaryngology diseases signs & symptoms | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Palpitations | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Palpitations | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Pathological fracture of vertebra | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Personal history of malignancy | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Recurrent acute otitis media | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Sexual dysfunction | DENY | Not Medically Necessary |
| Outpatient Surgery | Outpatient Surgery | Sick sinus syndrome | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of neck | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Syncope and collapse | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Tonsillitis, adenoiditis or pharyngitis | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Type 2 diabetes mellitus, with vascular complications | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Uterine leiomyoma | APPROVE | N/A |
| Outpatient Surgery | Outpatient Surgery | Varicose veins of lower extremity | APPROVE | N/A |
| Outpatient Therapy (BH) | Outpatient Therapy (BH) | Cocaine or amphetamine dependence | APPROVE | N/A |
| Pain Management | Pain Management | -1 | APPROVE | N/A |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------|-----------------|--|---------|-------------------------|
| Pain Management | Pain Management | -2 | APPROVE | N/A |
| Pain Management | Pain Management | -2 | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Abdominal pain | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Adult rheumatoid arthritis | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Autoimmune rheumatologic diseases, except lupus | APPROVE | N/A |
| Pain Management | Pain Management | Chronic pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Chronic pain syndrome | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Complex regional pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Complicated joint degeneration - thoracic and lumbar spine | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of back, w/radiculopathy | APPROVE | N/A |
| Pain Management | Pain Management | Degeneration of back, w/radiculopathy | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Degeneration of neck, w/radiculopathy | APPROVE | N/A |
| Pain Management | Pain Management | Diabetes type II or unknown type | APPROVE | N/A |
| Pain Management | Pain Management | Headache | APPROVE | N/A |
| Pain Management | Pain Management | Inflammation of non-cranial nerves, except carpal tunnel | APPROVE | N/A |
| Pain Management | Pain Management | Inflammation of non-cranial nerves, except carpal tunnel | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Joint degeneration, localized - back | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Joint degeneration, localized - neck | APPROVE | N/A |
| Pain Management | Pain Management | Joint degeneration, localized - neck | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Low back pain syndrome | APPROVE | N/A |
| Pain Management | Pain Management | Low back pain syndrome | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Major joint inflammation - back | APPROVE | N/A |
| Pain Management | Pain Management | Migraine headache | APPROVE | N/A |
| Pain Management | Pain Management | Minor joint inflammation - shoulder | APPROVE | N/A |
| Pain Management | Pain Management | Musculoskeletal pain and stiffness of extremities | APPROVE | N/A |
| Pain Management | Pain Management | Musculoskeletal pain and stiffness of extremities | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Orthopedic deformity - back | APPROVE | N/A |
| Pain Management | Pain Management | Orthopedic signs & symptoms - neck | APPROVE | N/A |
| Pain Management | Pain Management | Osteoarthritis of knee | DENY | Not Medically Necessary |



FROM



| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------|-----------------|---|---------|-------------------------|
| Pain Management | Pain Management | Other orthopedic disorders - back | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - unspecified | APPROVE | N/A |
| Pain Management | Pain Management | Other orthopedic disorders - unspecified | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Post laminectomy syndrome of back | APPROVE | N/A |
| Pain Management | Pain Management | Post-traumatic stress disorder | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Spinal stenosis of neck | APPROVE | N/A |
| Pain Management | Pain Management | Spinal stenosis of non-cervical back | APPROVE | N/A |
| Pain Management | Pain Management | Spinal stenosis of non-cervical back | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Traumatic disorders of non-cranial nerves | APPROVE | N/A |
| Pain Management | Pain Management | Traumatic disorders of non-cranial nerves | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Urinary incontinence | APPROVE | N/A |
| Pain Management | Pain Management | Urinary incontinence | DENY | Not Medically Necessary |
| Pain Management | Pain Management | Urological diseases signs & symptoms | APPROVE | N/A |
| Psych Testing | Psych Testing | Agoraphobia | APPROVE | N/A |
| Psych Testing | Psych Testing | Agoraphobia | DENY | Admin Denial |
| Psych Testing | Psych Testing | Altered mental status | APPROVE | N/A |
| Psych Testing | Psych Testing | Altered mental status | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Anxiety disorder or phobias | APPROVE | N/A |
| Psych Testing | Psych Testing | Attention deficit disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Autism spectrum disorders other than Asperger's | APPROVE | N/A |
| Psych Testing | Psych Testing | Autism spectrum disorders other than Asperger's | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Chronic pain syndrome | APPROVE | N/A |
| Psych Testing | Psych Testing | Conduct disorders | APPROVE | N/A |
| Psych Testing | Psych Testing | Development disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Eating disorder | DENY | Not Medically Necessary |
| Psych Testing | Psych Testing | Major depression - mild, moderate and partial remission | APPROVE | N/A |
| Psych Testing | Psych Testing | Mild cognitive impairment | APPROVE | N/A |
| Psych Testing | Psych Testing | Mood disorder, bipolar | APPROVE | N/A |
| Psych Testing | Psych Testing | Neurological diseases signs & symptoms | APPROVE | N/A |
| Psych Testing | Psych Testing | Other epilepsy, intractable | APPROVE | N/A |

| SPECIALTY | PROCEDURE | DIAGNOSIS | STATUS | REASON FOR DENIAL |
|-----------------------------------|-----------------------------------|--|---------|-------------------------|
| Psych Testing | Psych Testing | Other neuropsychological or behavioral disorders | APPROVE | N/A |
| Psych Testing | Psych Testing | Post-traumatic stress disorder | APPROVE | N/A |
| Psych Testing | Psych Testing | Severe depression without psychosis | APPROVE | N/A |
| Radiation Therapy | Radiation Therapy | Malignant central nervous system metastases | APPROVE | N/A |
| Sleep Study | Sleep Study | Altered mental status | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | History of surgical procedure | APPROVE | N/A |
| Sleep Study | Sleep Study | Hypertension | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Non-cerebral, non-coronary atherosclerosis | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Obesity, morbid | APPROVE | N/A |
| Sleep Study | Sleep Study | Obstructive sleep apnea | APPROVE | N/A |
| Sleep Study | Sleep Study | Obstructive sleep apnea | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Other sleep disorders | APPROVE | N/A |
| Sleep Study | Sleep Study | Other sleep disorders | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Otolaryngology diseases signs & symptoms | APPROVE | N/A |
| Sleep Study | Sleep Study | Otolaryngology diseases signs & symptoms | DENY | Admin Denial |
| Sleep Study | Sleep Study | Otolaryngology diseases signs & symptoms | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Seizures and convulsions | DENY | Not Medically Necessary |
| Sleep Study | Sleep Study | Shortness of breath | APPROVE | N/A |
| Sleep Study | Sleep Study | Sleep disturbance | DENY | Not Medically Necessary |
| Transcranial Magnetic Stimulation | Transcranial Magnetic Stimulation | Severe depression without psychosis | APPROVE | N/A |
| Transcranial Magnetic Stimulation | Transcranial Magnetic Stimulation | Severe depression without psychosis | DENY | Not Medically Necessary |
| Transplant | Transplant | Acute myeloid leukemia | APPROVE | N/A |
| Transplant | Transplant | Chronic renal failure, w/ESRD | APPROVE | N/A |
| Transplant | Transplant | Hodgkin's lymphoma | APPROVE | N/A |
| Transplant | Transplant | Metabolic disorders causing systemic disease | APPROVE | N/A |