

## Cigna Arkansas Prior Authorization Report for 04012019 - 06302019

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F11.20	ON*CD*RES	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F31.9	IN*MH*IP	Approved	
Facility	F31.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F10.20	H0015	Approved	
Facility	36478	0836094	Approved	
Facility	43644	0702303	Approved	
Facility	42140	3527421	Approved	
Facility	81212	4293017	Denied	Medical Director Review
Facility	G0299	6908112	Approved	
Facility	55866	0186606	Approved	
Facility	0191T	0827526	Approved	
Facility	19340	9987349	Approved	
Facility	22633	0885528	Approved	
Facility	22633	8784506	Denied	Medical Director Review
Facility	S9330	7656862	Approved	
Facility	19355	0811628	Denied	NON-COVERED BENEFIT
Facility	15777	9987349	Approved	
Facility	44204	9987349	Approved	
Facility	30465	7795121	Approved	
Facility	41899	0828450	Approved	
Facility	22856	3527421	Approved	
Facility	G0422	3527421	Approved	
Facility	58150	0883932	Approved	
Facility	G0156	0502972	Approved	
Facility	41899	0884793	Denied	Medical Director Review UNPROVEN
Facility	30999	2187515	Denied	TECHNOLOGY/INTERVENTION
Facility	81217	4293017	Denied	Medical Director Review
Facility	58573	0702030	Approved	
Facility	29828	0873822	Approved	
Facility	43775	3830947	Approved	
Facility	42210	0884793	Approved	
Facility	69930	5128300	Approved	
Facility	47600	0883638	Approved	
Facility	93656	3599948	Approved	
Facility	22600	3599948	Approved	
Facility	19303	0702030	Approved	
Facility	93656	0884982	Approved	
Facility	19318	0811628	Approved	

Facility	29826	0873822	Approved	
Facility	27524	9081724	Approved	
Facility	47605	0883638	Approved	
Facility	21235	7795121	Approved	
Facility	G0153	0502972	Approved	
Facility	15777	0702030	Approved	
Facility	58150	0702030	Approved	
Facility	41899	0884793	Approved	
Facility	G0423	3527421	Approved	
Facility	93657	3599948	Approved	
Facility	23700	2187515	Approved	
Facility	29827	0873822	Approved	
Facility	43886	0883659	Approved	
Facility	29823	0873822	Approved	
Facility	20912	7795121	Approved	
Facility	63030	0964817	Approved	
Facility	19357	0702030	Approved	
Facility	19380	2860168	Approved	
Facility	J0585	6400852	Approved	
Facility	42145	0186606	Approved	
Facility	81215	4293017	Denied	Medical Director Review
Facility	L8614	5128300	Approved	
Facility	22840	1283332	Approved	
Facility	22845	0884226	Approved	
Facility	22614	5324679	Approved	
Facility	22842	5324679	Approved	
Facility	63056	5324679	Approved	
Facility	22633	1283332	Denied	Medical Director Review
Facility	63057	5324679	Approved	
Facility	63042	5324679	Denied	Medical Director Review
Facility	22585	1283332	Denied	Medical Director Review
Facility	22614	1283332	Denied	Medical Director Review
Facility	22612	1283332	Approved	
Facility		19318	Approved	
Facility	M48061	22633	Approved	
Facility	M545	22845	Approved	
Facility	E6601	43775	Approved	
Facility	C61	55866	Approved	
Facility		19380	Approved	
Facility	M5412	22856	Approved	
Facility		63030	Approved	
Facility		69930	Approved	
Facility		36475	Approved	
Facility		G0422	Approved	
Facility	K5720	44204	Approved	
Facility		20912	Approved	
Facility	M48062	22633	Approved	

Facility		G0299	Approved	
Facility		L8614	Approved	
Facility		15777	Approved	
Facility		15777	Approved	
Facility		21235	Approved	
Facility		G0423	Approved	
Facility		G0422	Approved	
Facility		23700	Approved	
Facility		58573	Approved	
Facility		47600	Approved	
Facility	M4312	22600	Approved	
Facility		30465	Approved	
Facility		G0153	Approved	
Facility		30999	Approved	
Facility	N920	58150	Approved	
Facility		93657	Approved	
Facility		42140	Approved	
Facility		93656	Approved	
Facility		41899	Approved	
Facility		G0423	Approved	
Facility		41899	Approved	
Facility		S9330	Approved	
Facility		19340	Approved	
Facility		81212	Approved	
Facility		19357	Approved	
Facility		27524	Approved	
Facility		G0156	Approved	
Facility		93656	Approved	
Facility		19355	Approved	
Facility		43886	Approved	
Facility		81217	Approved	
Facility		47605	Approved	
Facility		19303	Approved	
Facility		42210	Approved	
Facility		81215	Approved	
Provider	R69	90791	Approved	
Provider	R69	90791	Approved	
Provider	36475	0468850	Approved	
Provider	64615	9227527	Approved	
Provider	36475	3836609	Denied	NON-COVERED BENEFIT
Provider	92507	4175317	Denied	NON-COVERED BENEFIT
Provider	36478	6502476	Approved	
		PAIN IN RIGHT	Partially	
	M25.561	KNEE	Denied	Medical Director Review
		PAIN IN LEFT	Partially	
	M25.552	HIP	Denied	Medical Director Review

M99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
S13.4XXA	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	Partially Denied	Medical Director Review
M50.222 M54.2	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL CERVICALGIA	Approved Denied	Medical Director Review
M99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
M99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Approved	
m99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
m99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
M99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Partially Denied	Medical Director Review
m99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Denied	Medical Director Review

m99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Partially Denied	Medical Director Review
m99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION RADICULOPATH Y, LUMBAR REGION	Partially Denied	Medical Director Review
M54.16		Approved	
M25.662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED PAIN IN LEFT KNEE	Partially Denied	Medical Director Review
M25.562		Partially Denied	Medical Director Review
M25.662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Partially Denied	Medical Director Review
m99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
m99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Partially Denied	Medical Director Review
M62.451	CONTRACTURE OF MUSCLE, RIGHT THIGH PATELLAR TENDINITIS,	Partially Denied	Medical Director Review
M76.51	RIGHT KNEE DISP FX OF BODY OF HAMATE BONE, RIGHT WRIST, INIT	Partially Denied	Medical Director Review
S62.141A		Partially Denied	Medical Director Review

M54.5	LOW BACK PAIN	Approved	
	DISORDER OF		
	MUSCLE,	Partially	
M62.9	UNSPECIFIED	Denied	Medical Director Review
	DISORDER OF		
	MUSCLE,		
m62.9	UNSPECIFIED	Approved	
	INCOMPLETE		
	ROTATR-CUFF		
	TEAR/RUPTR OF		
	R SHOULDER,	Partially	
M75.111	NOT TRAUMA	Denied	Medical Director Review
	DISP FX OF		
	LATERAL		
	MALLEOLUS OF		
S82.61XD	R FIBULA, 7THD	Approved	
	PAIN IN LEFT	Partially	
m25.562	KNEE	Denied	Medical Director Review
	OTHER FEMALE		
	GENITAL	Partially	
N81.89	PROLAPSE	Denied	Medical Director Review
	PAIN IN RIGHT	Partially	
M25.531	WRIST	Denied	Medical Director Review
	OTHER		
	SPECIFIED		
	DORSOPATHIES,		
	LUMBAR	Partially	
M53.86	REGION	Denied	Medical Director Review
	RADICULOPATH		
	Y, LUMBAR	Partially	
M54.16	REGION	Denied	Medical Director Review
	SEGMENTAL		
	AND SOMATIC		
	DYSFUNCTION		
	OF LUMBAR	Partially	
M99.03	REGION	Denied	Medical Director Review
	SPONDYLOSIS		
	W/O		
	MYELOPATHY		
	OR		
	RADICULOPATH		
	Y, LUMBAR		
M47.816	REGION	Approved	

	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATH Y, LUMBAR	Partially Denied	
M47.816	REGION	Denied	Medical Director Review
	PATELLAR TENDINITIS, RIGHT KNEE	Partially Denied	
M76.51	RADICULOPATH Y, LUMBAR	Partially Denied	Medical Director Review
M54.16	REGION	Denied	Medical Director Review
	AUTISTIC DISORDER	Partially Denied	
F84.0	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Partially Denied	Medical Director Review
M99.01	CERV DISC DISORDER W RADICULOPATH Y, HIGH CERVICAL REGION	Approved	
m50.11	PAIN IN UNSPECIFIED KNEE	Denied	Medical Director Review
M25.569	OPEN BITE OF LEFT HAND, SEQUELA	Partially Denied	Medical Director Review
S61.452S	EFFUSION, LEFT HAND	Partially Denied	Medical Director Review
M25.442	RADICULOPATH Y, CERVICAL REGION	Partially Denied	Medical Director Review
M54.12	LOW BACK PAIN PAIN IN LEFT WRIST	Approved Partially Denied	
M54.5	PAIN IN LEFT SHOULDER	Denied	Medical Director Review
m25.532	PAIN IN RIGHT KNEE	Partially Denied	Medical Director Review
M25.512			
M25.561			

M72.2	PLANTAR FASCIAL FIBROMATOSIS PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Partially Denied	Medical Director Review
M25.572	PAIN IN RIGHT KNEE	Partially Denied	Medical Director Review
M25.561	PLANTAR FASCIAL FIBROMATOSIS PAIN IN RIGHT	Partially Denied	Medical Director Review
M72.2	HIP	Denied	Medical Director Review
M25.551			
S72.001A	FRACTURE OF UNSP PART OF NECK OF RIGHT FEMUR, INIT OTHER INTERVERTEBR AL DISC DEGENERATION	Partially Denied	Medical Director Review
M51.36	, LUMBAR REGION SEGMENTAL AND SOMATIC DYSFUNCTION	Partially Denied	Medical Director Review
M99.03	OF LUMBAR REGION RADICULOPATH	Partially Denied	Medical Director Review
M54.12	Y, CERVICAL REGION SEGMENTAL AND SOMATIC DYSFUNCTION	Partially Denied	Medical Director Review
M99.01	OF CERVICAL REGION SEGMENTAL AND SOMATIC DYSFUNCTION	Partially Denied	Medical Director Review
M99.03	OF LUMBAR REGION RADICULOPATH	Partially Denied	Medical Director Review
M54.11	Y, OCCIPITO- ATLANTO-AXIAL REGION	Partially Denied	Medical Director Review



S39.013D	STRAIN OF MUSCLE, FASCIA AND TENDON OF PELVIS, SUBS ENCNTR INTERVERTEBR AL DISC DISORDERS W RADICULOPATH Y, LUMBAR REGION	Partially Denied	Medical Director Review
M51.16		Partially Denied	Medical Director Review
E10.8	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION S	Approved	
G47.9	SLEEP DISORDER, UNSPECIFIED	Approved	
G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT)	Approved	
G47.30	(PEDIATRIC) SLEEP APNEA, UNSPECIFIED	Approved	
G47.30	SLEEP APNEA, UNSPECIFIED	Approved	
E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMI A	Approved	
G47.30	SLEEP APNEA, UNSPECIFIED	Approved	
G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT)	Approved	
G47.30	(PEDIATRIC) SLEEP APNEA, UNSPECIFIED	Approved	

G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT)	Approved	
R06.83	(PEDIATRIC) SNORING	Approved	
G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT)	Approved	
G47.33	(PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT)	Approved	
G47.9	(PEDIATRIC) SLEEP DISORDER, UNSPECIFIED	Denied	Medical Director Review
G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT)	Denied	Medical Director Review
G47.33	(PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT)	Denied	Medical Director Review
G47.33	(PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT)	Denied	Medical Director Review
G47.33	(PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT)	Denied	Medical Director Review
G47.30	SLEEP APNEA, UNSPECIFIED	Denied	Medical Director Review
G47.30	SLEEP APNEA, UNSPECIFIED	Denied	Medical Director Review
95806	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved	
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	

95800	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	Approved
G0399	4 CHAN SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR	Approved
95806	Y EFFORT SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR	Approved
95806	Y EFFORT HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	Approved
G0399	4 CHAN FULL NIGHT TITRATION STUDY, >= 6	Approved
95811	YEARS OLD HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	Approved
G0399	4 CHAN HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	Approved
G0399	4 CHAN	Approved

	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	
G0399	4 CHAN	Approved
	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR	
95806	Y EFFORT	Approved
	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	
G0399	4 CHAN	Approved
	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	
G0399	4 CHAN	Approved
	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	
G0399	4 CHAN	Approved
	HOME SLEEP TEST (HST) WITH TYPE II PORTABLE MONITOR; MIN	
G0399	4 CHAN	Approved
	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	
G0398	7 CHAN	Approved
	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN	
G0399	4 CHAN	Approved

95810	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
95810	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
95811	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
95810	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
95811	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
95810	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
C50.112	Malignant neoplasm of central portion of left fema	Approved	
C53.9	Malignant neoplasm of cervix uteri, unspecified	Approved	
C53.9	Malignant neoplasm of cervix uteri, unspecified	Approved	
C19	Malignant neoplasm of rectosigmoid junction	Approved	
C19	Malignant neoplasm of rectosigmoid junction	Approved	

C19	Malignant neoplasm of rectosigmoid junction	Approved	
C19	Malignant neoplasm of rectosigmoid junction	Approved	
C56.2	Malignant neoplasm of left ovary	Approved	
C56.2	Malignant neoplasm of left ovary	Approved	
C01	Malignant neoplasm of base of tongue	Approved	
C34.32	Malignant neoplasm of lower lobe, left bronchus or	Approved	
C34.32	Malignant neoplasm of lower lobe, left bronchus or	Approved	
C50.411	Malignant neoplasm of upper-outer quadrant of righ	Approved	
C50.411	Malignant neoplasm of upper-outer quadrant of righ	Approved	
C34.11	Malignant neoplasm of upper lobe, right bronchus o	Denied	Clinical history and indications submitted fail to meet medical necessity criteria
C50.912	Malignant neoplasm of unspecified site of left fem	Approved	

C50.912	Malignant neoplasm of unspecified site of left fem	Approved	
C34.11	Malignant neoplasm of upper lobe, right bronchus o	Approved	
C34.11	Malignant neoplasm of upper lobe, right bronchus o	Approved	
C34.11	Malignant neoplasm of upper lobe, right bronchus o	Denied	Clinical history and indications submitted fail to meet medical necessity criteria
C18.0	Malignant neoplasm of cecum	Approved	
C85.89	Other specified types of non-Hodgkin lymphoma, ext	Approved	
C18.0	Malignant neoplasm of cecum	Approved	
C18.0	Malignant neoplasm of cecum	Approved	
C18.0	Malignant neoplasm of cecum	Approved	
C61	Malignant neoplasm of prostate	Approved	
C18.6	Malignant neoplasm of descending colon	Denied	Clinical history and indications submitted fail to meet medical necessity criteria
C16.0	Malignant neoplasm of cardia	Approved	

C16.0	Malignant neoplasm of cardia	Approved
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified sit	Approved
C56.2	Malignant neoplasm of left ovary	Approved
C56.2	Malignant neoplasm of left ovary	Approved
C85.19	Unspecified B- cell lymphoma, extranodal and solid	Approved
C34.92	Malignant neoplasm of unspecified part of left bro	Approved
C19	Malignant neoplasm of rectosigmoid junction	Approved
C19	Malignant neoplasm of rectosigmoid junction	Approved
C25.0	Malignant neoplasm of head of pancreas	Approved
C34.11	Malignant neoplasm of upper lobe, right bronchus o	Approved
C61	Malignant neoplasm of prostate	Approved
C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved



D32.9	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	Approved	
R94.39	ABNORMAL RESULT OTH CARDIOVASCUL R FUNCTION STUDY	Approved	
G89.29	OTHER CHRONIC PAIN	Approved	
C50.112	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST ENCOUNTER FOR OTHER PREPROCEDUR AL	Denied	Medical Director Review
Z01.818	EXAMINATION Chronic maxillary sinusitis	Approved	
J32.0	Essential (hemorrhagic) thrombocythe mia	Approved	
D47.3	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Denied	Medical Director Review
R91.8	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Approved	
K62.89		Approved	
Z78.9	OTHER SPECIFIED HEALTH STATUS	Approved	

M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved	
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved	
C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Denied	Medical Director Review
C61	Malignant neoplasm of prostate	Approved	
M54.41	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	
R06.09	OTHER FORMS OF DYSPNEA	Approved	
M54.2	CERVICALGIA	Approved	
C30.0	Malignant neoplasm of nasal cavity	Denied	Medical Director Review
C50.112	Malignant neoplasm of central portion of left female breast	Approved	
I49.3	Ventricular premature depolarization	Approved	
C09.0	Malignant neoplasm of tonsillar fossa	Denied	Medical Director Review
M25.561	PAIN IN RIGHT KNEE	Approved	
C50.112	Malignant neoplasm of central portion of left female breast	Denied	Medical Director Review

S23.420A	SPRAIN SC JOINT LIGAMENT INITIAL ENCOUNTER	Approved	
R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
I10	ESSENTIAL PRIMARY HYPERTENSION	Approved	
M25.531	PAIN IN RIGHT WRIST	Denied	Medical Director Review
R41.2	Retrograde amnesia	Approved	
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATION	Approved	
K62.5	S Hemorrhage of anus and rectum	Denied	Medical Director Review
M47.817	SPONDYLOSIS W/O MYELOPATH/R ADICULPATHY	Denied	Medical Director Review
G89.29	LS RGN OTHER CHRONIC PAIN	Denied	Medical Director Review
S80.02XA	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	Denied	Medical Director Review
C50.112	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	
M54.42	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	

	MALIG NEOPLASM CENTRAL PORTION LT		
C50.112	FEMALE BREAST RADICULOPATH Y CERVICAL	Denied	Medical Director Review
M54.12	REGION Malignant neoplasm of central portion of left female breast	Denied	Medical Director Review
C50.112	Unspecified lump in the right breast; upper inner quadrant	Approved	
N63.12		Denied	Medical Director Review
	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT		
S83.242D	ENC	Approved	
R31.0	GROSS HEMATURIA NEOPLASM OF UNSPECIFIED BEHAVIOR OF	Approved	
D49.6	BRAIN	Approved	
R05	COUGH ALTERED MENTAL STATUS	Approved	
R41.82	UNSPECIFIED MULTIPLE	Approved	
G35	SCLEROSIS OTHER	Approved	
G89.29	CHRONIC PAIN SPINAL STENOSIS CERVICAL	Approved	
M48.02	REGION	Denied	Medical Director Review

C50.112	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST SPONTANEOUS RUPTURE OTHER	Approved	
M66.871	TENDONS RT ANKLE FOOT	Denied	Medical Director Review
R00.0	TACHYCARDIA UNSPECIFIED	Approved	
R00.2	PALPITATIONS	Denied	Medical Director Review
N28.1	CYST OF KIDNEY ACQUIRED	Approved	
C43.59	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Approved	
D47.3	ESSENTIAL HEMORRHAGIC THROMBOCYTH EMIA	Denied	Medical Director Review
N28.1	CYST OF KIDNEY ACQUIRED	Denied	Medical Director Review
C61	Malignant neoplasm of prostate	Approved	
M25.562	PAIN IN LEFT KNEE	Approved	
M54.2	CERVICALGIA	Approved	
Z15.01	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	Approved	
R06.00	DYSPNEA UNSPECIFIED	Approved	
C09.0	Malignant neoplasm of tonsillar fossa	Denied	Medical Director Review

M25.571	PAIN IN RIGHT ANKLE	Approved	
S89.131A	Salter-Harris Type III physeal fracture of lower end of right tibia; initial encounter for closed fracture	Approved	
M54.12	RADICULOPATHY CERVICAL REGION	Denied	Medical Director Review
M54.12	RADICULOPATHY CERVICAL REGION Chronic maxillary sinusitis	Denied	Medical Director Review
J32.0	sinusitis	Approved	
N28.1	CYST OF KIDNEY ACQUIRED INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	Approved	
M51.17	CERVICALGIA	Approved	
M54.2	Malignant neoplasm of tonsillar fossa	Denied	Medical Director Review
C09.0	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Denied	Medical Director Review
M47.27	SALTER-HARIS TYP III PHYS FX LOW RT TIB INIT	Approved	
S89.131A	CLO	Approved	
N28.9	DISORDER OF KIDNEY AND URETER UNSPECIFIED	Denied	Medical Director Review

L53.9	Erythematous condition; unspecified	Denied	Medical Director Review
D05.12	Intraductal carcinoma in situ of left breast	Approved	
C09.0	Malignant neoplasm of tonsillar fossa	Denied	Medical Director Review
R00.0	TACHYCARDIA UNSPECIFIED	Approved	
R10.84	GENERALIZED ABDOMINAL PAIN	Approved	
M66.871	Spontaneous rupture of other tendons; right ankle and foot	Denied	Medical Director Review
D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Approved	
R06.09	OTHER FORMS OF DYSPNEA	Approved	
R91.1	SOLITARY PULMONARY NODULE	Approved	
R94.30	ABNORMAL RESULT CV FUNCTION STUDY UNS	Denied	Medical Director Review
R92.2	INCONCLUSIVE MAMMOGRAM	Approved	
L53.9	ERYTHEMATOUS CONDITION UNSPECIFIED	Denied	Medical Director Review
R05	COUGH	Denied	Medical Director Review
R05	COUGH	Denied	Medical Director Review
R00.2	PALPITATIONS OTHER SPECIFIED	Approved	
Q04.8	CONGENITAL MALFORMATION OF BRAIN	Approved	

N20.1	CALCULUS OF URETER	Approved	
M54.17	RADICULOPATHY LUMBOSACRAL REGION	Approved	
M25.851	OTHER SPECIFIED JOINT DISORDERS	Approved	
C30.0	RIGHT HIP Malignant neoplasm of nasal cavity	Denied	Medical Director Review
C43.59	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Approved	
C50.112	Malignant neoplasm of central portion of left female breast	Denied	Medical Director Review
S83.241A	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	Approved	
R94.30	Abnormal result of cardiovascular function study; unspecified	Denied	Medical Director Review
C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Denied	Medical Director Review
C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	
R51	HEADACHE	Approved	
Z82.49	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	Approved	



J32.9	Chronic sinusitis; unspecified	Denied	Medical Director Review
H67.1	Otitis media in diseases classified elsewhere; right ear	Denied	Medical Director Review
H67.1	OTITIS MEDIA IN DISEASES CLASS ELSEWHERE RT EAR	Denied	Medical Director Review
Z82.49	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	Approved	
M25.551	PAIN IN RIGHT HIP	Denied	Medical Director Review
M25.551	PAIN IN RIGHT HIP	Denied	Medical Director Review
J32.9	CHRONIC SINUSITIS UNSPECIFIED	Denied	Medical Director Review
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Denied	Medical Director Review
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	
Z82.49	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	Approved	
M54.16	RADICULOPATHY LUMBAR REGION	Approved	
N63.10	Unspecified lump in the right breast; unspecified quadrant	Approved	
M54.2	CERVICALGIA	Denied	Medical Director Review

R49.0	DYSPHONIA	Denied	Medical Director Review
R62.52	SHORT STATURE CHILD UNSPECIFIED ASTHMA UNCOMPLICATE	Denied	Medical Director Review
J45.909	D OTH INTERVERTEBR AL DISC DEGEN LUMBAR	Approved	
M51.36	REGION OTH INTERVERTEBR AL DISC DEGEN LUMBAR	Approved	
M51.36	REGION Malignant neoplasm of unspecified bones and articular cartilage of unspecified	Approved	
C40.90	limb	Approved	
M54.5	LOW BACK PAIN SOLITARY PULMONARY	Approved	
R91.1	NODULE	Approved	
M54.2	CERVICALGIA UNSPECIFIED ABDOMINAL	Denied	Medical Director Review
R10.9	PAIN Cystic fibrosis;	Approved	
E84.9	unspecified	Approved	
C40.90	MALIGNANT NEOPLASM UNS BONES & AC OF UNS LIMB UNSPECIFIED	Approved	
R56.9	CONVULSIONS	Approved	

S82.851A	DISPL TRIMALLEOLAR FX RT LOW LEG INIT CLOS FX	Approved	
E84.9	CYSTIC FIBROSIS UNSPECIFIED	Approved	
E84.9	Cystic fibrosis; unspecified	Approved	
E84.9	Cystic fibrosis; unspecified	Approved	
M25.571	PAIN IN RIGHT ANKLE	Approved	
R07.89	OTHER CHEST PAIN	Approved	
M51.9	UNS THOR THORACOLUMB AR LUMBOSACRAL IV DISC D/O	Denied	Medical Director Review
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	
M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	Approved	
R44.2	Other hallucinations	Approved	
G40.A09	ABSENCE EPIL SYNDROME NOT INTRACTABLE W/O SE	Approved	
R10.10	UPPER ABDOMINAL PAIN UNSPECIFIED	Approved	
M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved	

M47.816	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY LUMB RGN	Approved	
R10.84	GENERALIZED ABDOMINAL PAIN	Denied	Medical Director Review
M54.5	LOW BACK PAIN	Denied	Medical Director Review
G40.109	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	
M25.561	PAIN IN RIGHT KNEE	Approved	
R49.0	DYSPHONIA	Denied	Medical Director Review
Z94.4	LIVER TRANSPLANT STATUS	Denied	Medical Director Review
G89.29	OTHER CHRONIC PAIN	Approved	
C41.9	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	Approved	
M25.532	PAIN IN LEFT WRIST	Approved	
E84.9	CYSTIC FIBROSIS UNSPECIFIED	Approved	
C41.9	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	Approved	
M46.1	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Approved	

S82.851A	Displaced trimalleolar fracture of right lower leg; initial encounter for closed fracture	Approved	
M94.262	CHONDROMAL ACIA LEFT KNEE	Approved	
M25.511	PAIN IN RIGHT SHOULDER	Approved	
M75.121	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	Approved	
M75.121	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	Approved	
R20.9	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	Denied	Medical Director Review
G40.109	Localization- related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures; not intractable; without status epilepticus	Approved	
M25.552	PAIN IN LEFT HIP	Approved	
Z94.4	LIVER TRANSPLANT STATUS	Denied	Medical Director Review
R00.2	PALPITATIONS	Approved	

J32.2	Chronic ethmoidal sinusitis	Approved	
R10.32	LEFT LOWER QUADRANT PAIN	Approved	
M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER RADICULOPATHY	Approved	
M54.17	LUMBOSACRAL REGION TIC DISORDER	Denied	Medical Director Review
F95.9	UNSPECIFIED UNSPECIFIED ABDOMINAL	Approved	
R10.9	PAIN RADICULOPATHY CERVICAL	Approved	
M54.12	REGION OTHER SPEC CONGENITAL MALFORMATIONS SPINAL	Denied	Medical Director Review
Q06.8	CORD PAIN IN RIGHT	Approved	
M25.551	HIP	Approved	
E84.9	CYSTIC FIBROSIS UNSPECIFIED RADICULOPATHY LUMBAR	Approved	
M54.16	REGION CALCULUS OF	Denied	Medical Director Review
N20.0	KIDNEY	Approved	
M54.5	LOW BACK PAIN TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	
E11.9	S	Approved	

G44.229	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	Approved	
I48.0	PAROXYSMAL ATRIAL FIBRILLATION	Approved	
E29.1	Testicular hypofunction	Denied	Medical Director Review
N20.0	CALCULUS OF KIDNEY	Approved	
M54.5	LOW BACK PAIN	Denied	Medical Director Review
R20.2	PARESTHESIA OF SKIN	Denied	Medical Director Review
C19	Malignant neoplasm of rectosigmoid junction	Denied	Medical Director Review
I10	ESSENTIAL PRIMARY HYPERTENSION	Approved	
M54.5	LOW BACK PAIN	Denied	Medical Director Review
M54.5	LOW BACK PAIN	Denied	Medical Director Review
C34.32	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LU NG	Denied	Medical Director Review
C34.32	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LU NG	Approved	
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	

C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
Z95.820	Peripheral vascular angioplasty status with implants and grafts	Approved	
M54.12	RADICULOPATH Y CERVICAL REGION	Denied	Medical Director Review
M54.16	RADICULOPATH Y LUMBAR REGION	Denied	Medical Director Review
S83.512A	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	Approved	
R10.30	LOWER ABDOMINAL PAIN UNSPECIFIED	Approved	
J33.9	NASAL POLYP UNSPECIFIED	Approved	
J33.9	Nasal polyp; unspecified	Approved	
C50.812	Malignant neoplasm of overlapping sites of left female breast SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.816	LUMB RGN MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE	Denied	Medical Director Review
C49.9	UNS	Denied	Medical Director Review



C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
J32.9	CHRONIC SINUSITIS UNSPECIFIED	Approved	
C43.61	Malignant melanoma of right upper limb; including shoulder	Denied	Medical Director Review
M54.12	RADICULOPATH Y CERVICAL REGION	Approved	
Z01.810	ENCOUNTER FOR PREPROCEDUR AL CARIOVASCULA R EXAM	Approved	
J01.01	Acute recurrent maxillary sinusitis	Approved	
R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
M96.1	POSTLAMINECT OMY SYNDROME NEC	Denied	Medical Director Review
C50.812	Malignant neoplasm of overlapping sites of left female breast	Approved	

I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	
H51.11	CONVERGENCE INSUFFICIENCY	Approved	
M75.101	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	Denied	Medical Director Review
C34.92	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LU NG	Approved	
F17.210	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATE D	Approved	
R22.2	LOCALIZED SWELLING MASS AND LUMP TRUNK	Approved	
R91.8	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Approved	
M51.36	OTH INTERVERTEBR AL DISC DEGEN LUMBAR REGION	Approved	
M51.36	OTH INTERVERTEBR AL DISC DEGEN LUMBAR REGION	Approved	
M25.512	PAIN IN LEFT SHOULDER	Approved	

C50.812	Malignant neoplasm of overlapping sites of left female breast	Denied	Medical Director Review
S62.521A	DSPL FX DIST PHALANX RT THUMB INIT ENC CLOS FX STABLE BURST FX T11-T12 VERT INIT ENC	Approved	
S22.081A	CLOS FX MESOTHELIOM	Denied	Medical Director Review
C45.0	A OF PLEURA RADICULOPATH Y LUMBAR	Approved	
M54.16	REGION	Approved	
J67.9	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	Denied	Medical Director Review
J67.9	Hypersensitivity pneumonitis due to unspecified organic dust	Denied	Medical Director Review
G43.019	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Director Review
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Director Review
M25.521	PAIN IN RIGHT ELBOW	Approved	
M54.5	LOW BACK PAIN	Denied	Medical Director Review

C50.811	Malignant neoplasm of overlapping sites of right female breast	Denied	Medical Director Review
C50.812	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Denied	Medical Director Review
R51	HEADACHE	Approved	
K86.2	Cyst of pancreas	Approved	
M51.26	OTH INTERVERTEBR AL DISC DISPLACEMENT LUMBAR RGN	Approved	
S83.242D	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	Denied	Medical Director Review
G44.59	OTHER COMPLICATED HEADACHE	Approved	
R51	SYNDROME HEADACHE	Approved	
K11.9	DISEASE OF SALIVARY GLAND UNSPECIFIED	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
Z12.2	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	Denied	Medical Director Review
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	

M47.894	OTHER SPONDYLOSIS THORACIC REGION	Approved	
J32.9	CHRONIC SINUSITIS UNSPECIFIED	Approved	
J32.9	Chronic sinusitis; unspecified	Approved	
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	Denied	Medical Director Review
D50.9	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	
R94.31	ABNORMAL ELECTROCARDI OGRAM	Approved	
C49.9	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	Approved	
M25.562	PAIN IN LEFT KNEE	Denied	Medical Director Review
M43.06	SPONDYLOLYSIS LUMBAR REGION	Denied	Medical Director Review
M25.512	PAIN IN LEFT SHOULDER	Approved	
M54.5	LOW BACK PAIN UNSPECIFIED	Approved	
H53.9	VISUAL DISTURBANCE	Denied	Medical Director Review
K43.2	INCISIONAL HERNIA WITHOUT OBSTRUCTION/ GANGRENE	Approved	

	HYDROCEPHAL US		
G91.9	UNSPECIFIED	Approved	
	DORSALGIA		
M54.9	UNSPECIFIED	Approved	
	Nonrheumatic aortic valve disorder;		
I35.9	unspecified	Approved	
	PAIN IN RIGHT		
M25.551	HIP	Approved	
	MALIGNANT NEOPLASM OF		
C18.1	APPENDIX	Approved	
	OTH		
	INTERVERTEBR AL DISC		
	DISPLACEMENT		
M51.26	LUMBAR RGN	Approved	
	MALIGNANT NEOPLASM LT		
	KIDNEY EXCEPT		
C64.2	RENAL PELVIS	Approved	
	PAIN IN LEFT		
M25.512	SHOULDER	Approved	
	UNS ROT CUFF TEAR/RUPT		
	UNS SHOULDER		
M75.100	NOT TRAUMAT	Denied	Medical Director Review
	PAIN IN LEFT		
M25.562	KNEE	Denied	Medical Director Review
	COMPLETE ROT CUFF		
	TEAR/RUPT LT		
	SHLDR NOT		
M75.122	TRAUMAT	Denied	Medical Director Review
	Renal agenesis; unilateral	Approved	
Q60.0	OTHER		
	SPECIFIED FORMS OF		
G25.2	TREMOR	Approved	

D44.3	Neoplasm of uncertain behavior of pituitary gland	Approved	
M96.1	POSTLAMINECTOMY SYNDROME	Approved	
F17.210	NEC	Approved	
R05	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATE	Approved	
C79.9	D	Denied	Medical Director Review
E78.5	COUGH SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Approved	
J32.9	HYPERLIPIDEMIA UNSPECIFIED CHRONIC SINUSITIS UNSPECIFIED	Approved	
S62.002K	Unspecified fracture of navicular [scaphoid] bone of left wrist; subsequent encounter for fracture with nonunion	Denied	Medical Director Review
C43.61	MALIGNANT MELANOMA RIGHT UP LIMB INCL SHOULDER	Denied	Medical Director Review
S83.511D	SPRAIN ANTE CRUCIATE LIGAMENT RT KNEE SUBSQ	Approved	
	ENC		

I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	
G89.29	OTHER CHRONIC PAIN OTHER	Approved	
M47.896	SPONDYLOSIS LUMBAR REGION OTH	Approved	
M51.36	INTERVERTEBR AL DISC DEGEN LUMBAR REGION	Denied	Medical Director Review
R00.2	PALPITATIONS NEOPLASM OF UNCERTAIN BEHAVIOR PITUITARY GLAND	Denied	Medical Director Review
D44.3	ABDOMINAL DISTENSION	Approved	
R14.0	GASEOUS RIGHT LOWER QUADRANT	Approved	
R10.31	PAIN OTH INTERVERTEBR AL DISC DEGEN LUMBAR	Approved	
M51.36	REGION Malignant neoplasm of overlapping sites of left	Denied	Medical Director Review
C50.812	female breast UNSPECIFIED ABDOMINAL	Approved	
R10.9	PAIN OSTEOMYELITIS	Approved	
M86.9	UNSPECIFIED	Denied	Medical Director Review



M51.16	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMBRGN	Denied	Medical Director Review
S43.431D	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	Approved	
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs	Denied	Medical Director Review
K57.92	Diverticulitis of intestine; part unspecified; without perforation or abscess without bleeding	Approved	
R94.31	ABNORMAL ELECTROCARDIOGRAM	Approved	
C50.511	MALIGNANT NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Denied	Medical Director Review
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
S83.241A	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	Approved	
M54.5	LOW BACK PAIN	Denied	Medical Director Review

C79.9	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	
D38.1	Neoplasm of uncertain behavior of trachea; bronchus and lung	Approved	
G31.84	MILD COGNITIVE IMPAIRMENT SO STATED	Approved	
S62.002K	UNS FX NAVICULAR BONE LT WRIST SUB FX NONUNION	Denied	Medical Director Review
N20.0	CALCULUS OF KIDNEY	Approved	
M54.12	RADICULOPATH Y CERVICAL REGION	Approved	
C49.9 R05	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS COUGH	Approved Approved	
M54.9	DORSALGIA UNSPECIFIED	Denied	Medical Director Review
K86.89	Other specified diseases of pancreas	Denied	Medical Director Review
R19.02	LUQ ABDOMINAL SWELLING MASS & LUMP	Approved	

	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT		
M75.122	TRAUMAT	Denied	Medical Director Review
	MESOTHELIOM		
C45.0	A OF PLEURA	Approved	
	CHRONIC MIGRAINE W/O AURA INTRACT		
G43.711	W/STAT MIGR	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT		
C64.2	RENAL PELVIS	Approved	
	OTHER CHRONIC		
J32.8	SINUSITIS	Approved	
	PAIN IN LEFT SHOULDER		
M25.512	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE	Approved	
C50.812	BREAST	Denied	Medical Director Review
M54.2	CERVICALGIA FRACTURE NASAL BONES INITIAL ENCOUNTER	Approved	
S02.2XXA	CLOSED FX	Approved	
	Fracture of nasal bones; initial encounter for		
S02.2XXA	closed fracture	Approved	
	MESOTHELIOM		
C45.0	A OF PLEURA	Approved	
	CHRONIC MIGRAINE W/O AURA INTRACT		
G43.711	W/STAT MIGR	Approved	

M24.411	RECURRENT DISLOCATION RIGHT SHOULDER	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
R05	COUGH RADICULOPATH Y LUMBAR REGION	Denied	Medical Director Review
M54.16	CHRONIC PAIN DUE TO TRAUMA	Approved	
G89.21	OTHER INSTABILITY	Denied	Medical Director Review
M25.362	LEFT KNEE	Approved	
M54.2	CERVICALGIA SPINAL STENOSIS CERVICAL REGION	Approved	
M48.02	OTHER CHRONIC PAIN	Approved	
G89.29	LUMBAGO WITH SCIATICA	Denied	Medical Director Review
M54.42	LEFT SIDE CHEST PAIN	Approved	
R07.9	UNSPECIFIED	Approved	
R94.31	Abnormal electrocardiogr am [ECG] [EKG] ABNORMAL RESULT OTH CARDIOVASCUL R FUNCTION	Approved	
R94.39	STUDY	Approved	
C34.32	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LU NG	Approved	

C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
M54.12	RADICULOPATH Y CERVICAL REGION	Denied	Medical Director Review
M54.5	LOW BACK PAIN	Denied	Medical Director Review
S46.012A	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	Approved	
M25.571	PAIN IN RIGHT ANKLE	Denied	Medical Director Review
R10.32	LEFT LOWER QUADRANT PAIN	Denied	Medical Director Review
Z12.31	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	Approved	
I25.10	ASHD NATIVE CORONARY ARTERY W/O ANGINA	Approved	
M54.12	PECTORIS RADICULOPATH Y CERVICAL REGION	Denied	Medical Director Review
R10.9	UNSPECIFIED ABDOMINAL PAIN	Approved	
I35.9	NONRHEUMATI C AORTIC VALVE DISORDER	Approved	
R94.31	UNSPECIFIED ABNORMAL ELECTROCARDI OGRAM	Approved	
M25.551	PAIN IN RIGHT HIP	Approved	

R55	SYNCOPE AND COLLAPSE	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Denied	Medical Director Review
C61	Malignant neoplasm of prostate	Denied	Medical Director Review
J32.8	OTHER CHRONIC SINUSITIS	Approved	
S62.521A	Displaced fracture of distal phalanx of right thumb; initial encounter for closed fracture	Approved	
S22.081A	Stable burst fracture of T11- T12 vertebra; initial encounter for closed fracture	Denied	Medical Director Review
M21.371	FOOT DROP RIGHT FOOT SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.812	CERV RGN SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.812	CERV RGN Malignant melanoma of right upper limb; including shoulder	Approved	
C43.61	Malignant melanoma of right upper limb; including shoulder	Denied	Medical Director Review
C43.61	Malignant melanoma of right upper limb; including shoulder	Denied	Medical Director Review

Q60.0	RENAL AGENESIS UNILATERAL Malignant neoplasm of overlapping sites of left	Approved	
C50.812	female breast PAIN IN RIGHT	Denied	Medical Director Review
M25.561	KNEE PAIN IN RIGHT	Approved	
M25.561	KNEE UNSPECIFIED	Approved	
R10.9	ABDOMINAL PAIN RADICULOPATH Y LUMBAR	Denied	Medical Director Review
M54.16	REGION PERSONAL HISTORY OF NICOTINE	Approved	
Z87.891	DEPENDENCE MALIGNANT NEOPLASM OVERLAP SITE	Approved	
C50.812	LT FEMALE BREAST LEFT UPPER QUADRANT	Approved	
R10.12	PAIN LEFT UPPER QUADRANT	Approved	
R10.12	PAIN CHRONIC PAIN DUE TO	Approved	
G89.21	TRAUMA	Denied	Medical Director Review
M53.3	SACROCOCCY G EAL DISORDERS NEC COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT	Approved	
M75.122	TRAUMAT CALCULUS OF	Denied	Medical Director Review
N20.0	KIDNEY	Approved	

K43.2	Incisional hernia without obstruction or gangrene	Approved	
Z95.820	PERIPHERAL VASC ANGIOPLASTY STATUS IMPLANT&GRA FT	Approved	
M54.9	DORSALGIA UNSPECIFIED OTHER	Approved	
D73.89	DISEASES OF SPLEEN PAIN IN UNSPECIFIED	Denied	Medical Director Review
M25.50	JOINT CALCULUS OF	Denied	Medical Director Review
N20.1	URETER Abnormal findings on diagnostic imaging of heart and coronary circulation	Approved	
R93.1	ABNORMAL FINDINGS ON DX IMAGING HEART & COR	Approved	
R93.1	CIRC PAIN IN LEFT	Approved	
M25.562	KNEE	Approved	
C50.412	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	
R06.09	OTHER FORMS OF DYSPNEA MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE	Denied	Medical Director Review
C50.812	BREAST	Approved	



R41.82	ALTERED MENTAL STATUS UNSPECIFIED	Approved	
M50.30	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Denied	Medical Director Review
M62.81	MUSCLE WEAKNESS GENERALIZED	Denied	Medical Director Review
M50.30	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	
Z12.2	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	Approved	
K57.92	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	Approved	
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
D50.9	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	
E78.5	HYPERLIPIDEMI A UNSPECIFIED	Approved	
M25.561	PAIN IN RIGHT KNEE	Approved	
M25.561	PAIN IN RIGHT KNEE	Approved	

C50.412	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	
M54.9	DORSALGIA UNSPECIFIED	Approved	
J32.9	Chronic sinusitis; unspecified	Approved	
M51.36	OTH INTERVERTEBR AL DISC DEGEN LUMBAR REGION	Denied	Medical Director Review
C50.812	Malignant neoplasm of overlapping sites of left female breast	Denied	Medical Director Review
C50.812	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Denied	Medical Director Review
C79.9	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Approved	
C79.9	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Approved	
I10	ESSENTIAL PRIMARY HYPERTENSION	Approved	
S92.902D	Unspecified fracture of left foot; subsequent encounter for fracture with routine healing	Approved	

S83.512A	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	Approved	
S22.081A	Stable burst fracture of T11- T12 vertebra; initial encounter for closed fracture	Denied	Medical Director Review
D38.1	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	Approved	
M47.812	SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY CERV RGN	Denied	Medical Director Review
J32.9	Chronic sinusitis; unspecified	Approved	
R06.02	SHORTNESS OF BREATH	Denied	Medical Director Review
N20.0	CALCULUS OF KIDNEY	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Director Review
C34.32	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LU NG	Denied	Medical Director Review
R31.21	Asymptomatic microscopic hematuria	Approved	
R31.21	Asymptomatic microscopic hematuria	Approved	
E27.9	DISORDER OF ADRENAL GLAND UNSPECIFIED	Denied	Medical Director Review

N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	
C34.32	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LU NG	Approved	
S83.242A	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC UNSPECIFIED	Approved	
H53.9	VISUAL DISTURBANCE PAIN IN LEFT	Approved	
M25.562	KNEE	Approved	
R06.09	OTHER FORMS OF DYSPNEA	Approved	
R10.816	Epigastric abdominal tenderness	Approved	
R10.816	Epigastric abdominal tenderness	Approved	
K76.89	OTHER SPECIFIED DISEASES OF LIVER	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
R94.31	Abnormal electrocardiogr am [ECG] [EKG] MIGRAINE UNS NOT INTRACT	Approved	
G43.909	W/O STATUS MIGRAINOSUS	Denied	Medical Director Review

C69.32	Malignant neoplasm of left choroid	Denied	Medical Director Review
	MALIGNANT NEOPLASM OVERLAP SITE		
	LT FEMALE		
C50.812	BREAST	Approved	
	Malignant neoplasm of overlapping sites of left		
C50.812	female breast	Approved	
	MALIGNANT NEOPLASM OVERLAP SITE		
	LT FEMALE		
C50.812	BREAST	Approved	
	Displaced fracture of distal phalanx of right thumb; initial		
S62.521A	encounter for closed fracture	Approved	
	DSPL FX DIST PHALANX RT THUMB INIT		
S62.521A	ENC CLOS FX	Approved	
	OTH INTRA-ABD & PELVIC SWELLING		
R19.09	MASS & LUMP UNILATERAL PRIMARY	Denied	Medical Director Review
	OSTEOARTHRITIS LEFT KNEE		
M17.12		Approved	
	OTH TEAR MED MENISCUS		
S83.241A	CURR INJ RT KNEE INIT ENC	Approved	
	DEVIATED NASAL SEPTUM		
J34.2		Approved	

C43.61	MALIGNANT MELANOMA RIGHT UP LIMB INCL SHOULDER PRECARDIAL	Denied	Medical Director Review
R07.2	PAIN Left upper quadrant abdominal swelling; mass	Approved	
R19.02	and lump FAMILY HISTORY OF MALIGNANT NEOPLASM OF	Approved	
Z80.3	BREAST OTHER NONSPECIFIC ABNORMAL FINDING OF	Approved	
R91.8	LUNG FIELD OTHER DISORDERS OF	Approved	
J98.4	LUNG LOCALIZED SWELLING MASS AND	Approved	
R22.2	LUMP TRUNK SPINAL STENOSIS CERVICAL	Approved	
M48.02	REGION	Approved	
M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	Approved	
K57.92	Diverticulitis of intestine; part unspecified; without perforation or abscess without bleeding	Approved	

K57.92	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	Approved	
M54.40	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	
C18.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	
M51.36	OTH INTERVERTEBR AL DISC DEGEN LUMBAR REGION UNSPECIFIED	Denied	Medical Director Review
H53.9	VISUAL DISTURBANCE	Denied	Medical Director Review
R94.31	Abnormal electrocardiogr am [ECG] [EKG] MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE	Approved	
C49.9	UNS BENIGN NEOPLASM OF PITUITARY	Approved	
D35.2	GLAND CHEST PAIN	Approved	
R07.9	UNSPECIFIED	Approved	
S46.212A	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC FRACTURE NASAL BONES INITIAL ENCOUNTER	Denied	Medical Director Review
S02.2XXA	CLOSED FX	Approved	

S02.2XXA	Fracture of nasal bones; initial encounter for closed fracture	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	
C50.412	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	
J32.9	CHRONIC SINUSITIS UNSPECIFIED	Approved	
R06.02	SHORTNESS OF BREATH	Approved	
G40.209	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	
F17.210	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATE D	Approved	
C64.2	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Approved	
M47.812	CERV RGN SPONDYLOSIS W/O MYELOPATH/R ADICULOPATHY	Denied	Medical Director Review
M47.812	CERV RGN Pulsatile tinnitus; right	Denied	Medical Director Review
H93.A1	ear	Approved	



C50.812	Malignant neoplasm of overlapping sites of left female breast	Approved	
M54.16	RADICULOPATHY LUMBAR REGION	Approved	
R51	HEADACHE	Approved	
K11.9	Disease of salivary gland; unspecified	Approved	
R55	SYNCOPE AND COLLAPSE	Approved	
M25.562	PAIN IN LEFT KNEE	Denied	Medical Director Review
M54.16	RADICULOPATHY LUMBAR REGION	Denied	Medical Director Review
M25.70	OSTEOPHYTE UNSPECIFIED JOINT	Approved	
R07.9	CHEST PAIN UNSPECIFIED	Approved	
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs	Approved	
M50.10	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	Denied	Medical Director Review
J84.9	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	Approved	
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs	Approved	

Z12.2	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	Approved	
E27.9	Disorder of adrenal gland; unspecified	Denied	Medical Director Review
N28.89	Other specified disorders of kidney and ureter	Approved	
M25.561	PAIN IN RIGHT KNEE	Denied	Medical Director Review
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	
R10.30	LOWER ABDOMINAL PAIN UNSPECIFIED	Approved	
S46.212A	Strain of muscle; fascia and tendon of other parts of biceps; left arm; initial encounter	Denied	Medical Director Review
H93.11	TINNITUS RIGHT EAR	Approved	
R31.9	HEMATURIA UNSPECIFIED	Approved	
R10.9	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Director Review
C18.1	MALIGNANT NEOPLASM OF APPENDIX	Approved	
M47.26	OTH SPONDYLOSIS W/RADICULOP ATHY LUMBAR REGION	Denied	Medical Director Review
R10.32	LEFT LOWER QUADRANT PAIN	Denied	Medical Director Review

M54.5	LOW BACK PAIN	Denied	Medical Director Review
I20.9	Angina pectoris; unspecified LATERAL DISLOCATION LT PATELLA INITIAL	Approved	
S83.015A	ENCOUNTER CALCULUS OF	Approved	
N20.0	KIDNEY RADICULOPATHY LUMBAR	Approved	
M54.16	REGION	Approved	
S92.902D	UNS FRACTURE LT FOOT SUBSQT ENC FX ROUTINE HEAL	Approved	
S83.241D	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	Approved	
S22.081A	STABLE BURST FX T11-T12 VERT INIT ENC CLOS FX	Denied	Medical Director Review
E16.1	Other hypoglycemia	Denied	Medical Director Review
C45.0	MESOTHELIOMA OF PLEURA Chronic	Approved	
J32.9	sinusitis; unspecified SPONDYLOSIS W/O	Approved	
M47.812	MYELOPATHY/R ADICULOPATHY CERV RGN MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE	Approved	
C49.9	UNS	Approved	

Q23.1	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Approved	
C43.61	MALIGNANT MELANOMA RIGHT UP LIMB INCL SHOULDER OTH	Denied	Medical Director Review
M51.34	INTERVERTEBR AL DISC DEGEN THORACIC REGION	Approved	
G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	Approved	
C50.811	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Denied	Medical Director Review
C50.812	Malignant neoplasm of overlapping sites of left female breast	Denied	Medical Director Review
C50.812	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Denied	Medical Director Review
M25.561	PAIN IN RIGHT KNEE	Approved	
M25.561	PAIN IN RIGHT KNEE	Approved	
M54.16	RADICULOPATH Y LUMBAR REGION	Approved	

C50.812	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	
Z96.652	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT LOCALIZED SWELLING	Denied	Medical Director Review
R22.2	MASS AND LUMP TRUNK OTHER	Approved	
M25.362	INSTABILITY LEFT KNEE ABDOMINAL	Approved	
I71.4	AORTIC ANEURYSM WITHOUT RUPTURE	Approved	
I20.9	ANGINA PECTORIS UNSPECIFIED RIGHT LOWER QUADRANT	Approved	
R10.31	PAIN SPONDYLOLISTHESIS SITE	Approved	
M43.10	UNSPECIFIED	Approved	
G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN LEFT LOWER QUADRANT	Denied	Medical Director Review
R10.32	PAIN	Approved	
G25.81	RESTLESS LEGS SYNDROME	Approved	
G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	

	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINAN T SIDE	Denied	Medical Director Review
G81.94			
	RESTLESS LEGS SYNDROME	Approved	
G25.81			
	CALCULUS OF KIDNEY	Approved	
N20.0			
M05.79	J9312	Approved	
G43.009		Approved	
L40.0	C9399	Approved	
E11.65	C9399	Approved	
F52.21	J8499	Approved	
E78.5	C9399	Approved	
E29.1		Approved	
E11.9	C9399	Approved	
E10.65		Approved	
G43.119		Approved	
E11.311		Approved	
M06.09	J1745	Approved	
N97.9	J3490	Approved	
E11.9	C9399	Approved	
N52.9	J8499	Approved	
L40.53	J1745	Approved	
N92.0	J7304	Approved	
G40.911		Approved	
K51.90	J1745	Approved	
E11.9		Approved	
F52.0		Approved	
G81.11		Approved	
E10.65	A4253	Approved	
E11.29	C9399	Approved	
D63.1	J0885	Approved	
L40.0		Approved	
L40.50	J3357	Approved	
B96.81		Approved	
E84.0	J8499	Approved	
J45.30	J3535	Approved	
M05	J0135	Approved	
E78.2	C9399	Approved	
M51.35		Approved	
F90.1		Approved	
C34.11	J8499	Approved	
N40.1		Approved	
K21.9	J8499	Approved	

N97.9	S0128	Approved
E10.9	A4253	Approved
E10.9	A4253	Approved
E11.9	C9399	Approved
G89.4		Approved
G43.909		Approved
G43.109		Approved
E10.65		Approved
M06.09	J9312	Approved
G89.4		Approved
L20.89	C9399	Approved
L20.89	C9399	Approved
F32.2		Approved
G47.10		Approved
L40.9	J1438	Approved
G40.219		Approved
Z94.0	J7515	Approved
N97.9	J3490	Approved
E84.9		Approved
C90.00	C9399	Approved
M05.79	C9399	Approved
C61	C9399	Approved
I25.10		Approved
K51.90	J1745	Approved
E11.9	C9399	Approved
L93.1	J0490	Approved
E83.39		Approved
Z34.02	J1726	Approved
M17.12	J7325	Approved
N95.1	J8499	Approved
C34.11		Approved
E11.9	C9399	Approved
F52.21		Approved
M81.0	J0897	Approved
E11.9	C9399	Approved
G43.009		Approved
M81.0	J0897	Approved
F32.9		Approved
M17.12	J7324	Approved
F33.1		Approved
E11.9	J8499	Approved
G89.3	J8499	Approved
G35		Approved
K50.90	J3358	Approved
C19		Approved
C61	C9399	Approved
G43.719	J0585	Approved

C92.10	J8999	Approved
E11.65		Approved
R76.0		Approved
E75.22	J3385	Approved
M54.14		Approved
L70.0	S0117	Approved
L40.0	J8499	Approved
G89.4	J8499	Approved
G43.119	C9399	Approved
G89.4		Approved
G89.4	J8499	Approved
M47.812	J8499	Approved
G89.3	J8499	Approved
K50.00	J1745	Approved
M17.12	J7325	Approved
M81.0	J0897	Approved
G80.2	J0586	Approved
F90.2		Approved
G35	J1595	Approved
G89.4		Approved
N32.81	J8499	Approved
N52.9		Approved
G43.719	J0585	Approved
F90.9		Approved
G47.411		Approved
G43.119	J0585	Approved
M54.5		Approved
G43.701		Approved
L40.0	C9399	Approved
E11.9	C9399	Approved
M17.11	J7327	Approved
N40.1		Approved
G37.9	J9312	Approved
G89.4		Approved
L40.0	J3357	Approved
G35		Approved
H35.372	J0178	Approved
C55	J3490	Approved
J45.30	J3535	Approved
F98.8	J0135	Approved
E11.9	C9399	Approved
K72.90	J8499	Approved
S76.191A	J8499	Approved
K21.9	J8499	Approved
G89.4		Approved
K51.00	J3380	Approved
F90.9		Approved



K21.0		Approved
K21.9	J8499	Approved
B18.2		Approved
F90.9		Approved
G35	J1826	Approved
F90.9		Approved
L20.89		Approved
G43.709		Approved
B44.0		Approved
B25.9	C9399	Approved
M17.11	J7327	Approved
M17.0	J7325	Approved
M17.0	J7325	Approved
C19		Approved
N52.9		Approved
G89.4		Approved
M05.79	J0135	Approved
E70.0	J8499	Approved
G47.26	J8499	Approved
M17.12	J7325	Approved
G47.26		Approved
M06.9	J1745	Approved
B44.0		Approved
G35	J1595	Approved
E11.9		Approved
M19.90	J8499	Approved
M19.90	J8499	Approved
E70.0	J8499	Approved
F41.9		Approved
E78.2	C9399	Approved
M05.79	J9312	Approved
K51.90	J3380	Approved
F90.9		Approved
E10.9		Approved
E11.9		Approved
L40.0	C9399	Approved
F33.41		Approved
G35		Approved
N52.8		Approved
N39.41		Approved
L40.0	J3357	Approved
L20.89	C9399	Approved
K50.00	J0135	Approved
E11.9		Approved
E10.9	J1815	Approved
G43.0	C9399	Approved
E11.9	C9399	Approved

E11.00		Approved
E84.9	J8499	Approved
M17.11	J7324	Approved
L40.0	J1628	Approved
G47.26		Approved
M06.9		Approved
M17.11	J7327	Approved
G47.411	J8499	Approved
M81.0	J0897	Approved
L40.0	C9399	Approved
E10.65		Approved
M81.0	J0897	Approved
I27.2	J8499	Approved
K25.3		Approved
N52.9		Approved
I25.10		Approved
M31.30	J9312	Approved
L70.0	S0117	Approved
G63		Approved
K22.70	J8499	Approved
I25.10	C9399	Approved
K51.011	J1745	Approved
K50.90	J1745	Approved
M79.643		Approved
G35	Q3028	Approved
G89.4		Approved
G43.719	J0585	Approved
N18.3	Q5106	Approved
F90.9		Approved
F90.9		Approved
F33.42		Approved
C91.10	J8999	Approved
G47.411	J8499	Approved
C19		Approved
F90.9		Approved
J45.50	J2357	Approved
C50.412	J8521	Approved
K50.00	J0135	Approved
F33.1		Approved
O09.219	J1726	Approved
G70.00	J1300	Approved
G35	J2350	Approved
F90.9		Approved
C50.411	J9000	Approved
C50.411	J2505	Approved
C50.411		Approved
C50.411		Approved

C50.411	J1627	Approved	
C50.411		Approved	
L40.50	J1438	Approved	
G43.011		Approved	
H50.011	J0585	Approved	
M81.0	J0897	Approved	
D80.1	90283	Approved	
C50.812	J9000	Approved	
C50.812	J2505	Approved	
C50.812	J0185	Approved	
C50.812	J2469	Approved	
K50.90	J3380	Approved	
F90.0		Approved	
M96.1		Approved	
M81.0	J0897	Approved	
M06.9	J0717	Approved	
C64.2		Approved	
C50.411		Approved	
C18.9	J2505	Approved	
C18.9	C9257	Approved	
C18.9	J9190	Approved	
C18.9		Approved	
C18.9		Approved	
K50.80		Approved	
C25.9	J9060	Approved	
C25.9	J1454	Approved	
C25.9	J9201	Approved	
C25.9	J9264	Approved	
C64.9	J9299	Approved	
M96.1	J3490	Approved	
D83.9	90283	Approved	
L40.50	C9399	Approved	
L40.52	J0135	Approved	
C18.9	C9257	Approved	
C18.9	J9190	Approved	
C18.9	J2469	Approved	
C18.9		Approved	
C18.9	J2505	Approved	
I78.0	C9257	Approved	
G43.719	J0585	Approved	
K29.60	J8499	Approved	
E83.52	J0897	Denied	Medical Director Review
E11.9		Denied	Medical Director Review
K21	J8499	Denied	Medical Director Review
N52.9	J8499	Denied	Medical Director Review
K21.9		Denied	Medical Director Review
E11.9		Denied	Medical Director Review

M13.0		Denied	Medical Director Review
E10.65		Denied	Medical Director Review
G47.11		Denied	Medical Director Review
R68.89	J8499	Denied	Medical Director Review
E11.9		Denied	Medical Director Review
B00.9		Denied	Medical Director Review
N52.9		Denied	Medical Director Review
F41.1		Denied	Medical Director Review
F31.81	J8499	Denied	Medical Director Review
G70.01	J1561	Denied	Medical Director Review
F32.9		Denied	Medical Director Review
E11.65		Denied	Medical Director Review
G43.711	J0588	Denied	Medical Director Review
R68.89	J8499	Denied	Medical Director Review
J30.1		Denied	Medical Director Review
F33.0		Denied	Medical Director Review
M17.0	J7328	Denied	Medical Director Review
Z72.0		Denied	Medical Director Review
B00.9		Denied	Medical Director Review
E78.2	J3590	Denied	Medical Director Review
B00.1		Denied	Medical Director Review
I10		Denied	Medical Director Review
G43.719	J8499	Denied	Medical Director Review
I10		Denied	Medical Director Review
N32.81		Denied	Medical Director Review
M32.9	C9399	Denied	Medical Director Review
R32		Denied	Medical Director Review
Z34.02	J1726	Denied	Medical Director Review
E11.65		Denied	Medical Director Review
J45.20		Denied	Medical Director Review
F31.89		Denied	Medical Director Review
E78.2		Denied	Medical Director Review
G43.719	J0585	Denied	Medical Director Review
M51.36	J8499	Denied	Medical Director Review
F41.1	J8499	Denied	Medical Director Review
N52.9	J8499	Denied	Medical Director Review
R68.89		Denied	Medical Director Review
J47.9		Denied	Medical Director Review
F41.8		Denied	Medical Director Review
Q96.9		Denied	Medical Director Review
F90.0		Denied	Medical Director Review
L70.0		Denied	Medical Director Review
K21.9	J8499	Denied	Medical Director Review
L20.9	J3590	Denied	Medical Director Review
K21.9		Denied	Medical Director Review
C88.0	J9312	Denied	Medical Director Review
J44.1		Denied	Medical Director Review

L70.0		Denied	Medical Director Review
G47.411		Denied	Medical Director Review
F31.9		Denied	Medical Director Review
E11.9		Denied	Medical Director Review
G43.819		Denied	Medical Director Review
I10		Denied	Medical Director Review
D86.9	J0135	Denied	Medical Director Review
E11.65	J1815	Denied	Medical Director Review
N52.9		Denied	Medical Director Review
B00.9		Denied	Medical Director Review
E29.1		Denied	Medical Director Review
N52.9		Denied	Medical Director Review
L73.9		Denied	Medical Director Review
G43.009		Denied	Medical Director Review
G43.0	C9399	Denied	Medical Director Review
R47.02	J8499	Denied	Medical Director Review
G35	J1595	Denied	Medical Director Review
J44.9	J3535	Denied	Medical Director Review
M17.11		Denied	Medical Director Review
B00.1		Denied	Medical Director Review
M17.11	J7328	Denied	Medical Director Review
L40.8	C9399	Denied	Medical Director Review
K21.9	J8499	Denied	Medical Director Review
M13.0		Denied	Medical Director Review
L70.0		Denied	Medical Director Review
L70.0		Denied	Medical Director Review
J45.21		Denied	Medical Director Review
E66.01	J3490	Denied	Medical Director Review
M17.11	J7327	Denied	Medical Director Review
G47.411		Denied	Medical Director Review
K21.9	J8499	Denied	Medical Director Review
B96.81		Denied	Medical Director Review
E83.52	J0897	Denied	Medical Director Review
F33.1		Denied	Medical Director Review
K51.90		Denied	Medical Director Review
E11.9	C9399	Denied	Medical Director Review
L74.510	J0585	Denied	Medical Director Review
J30.9	J3490	Denied	Medical Director Review
G43.019	C9399	Denied	Medical Director Review
I25.10	J3590	Denied	Medical Director Review
G89.2	J3490	Denied	Medical Director Review
G70.00	J1569	Denied	Medical Director Review
J44.1		Denied	Medical Director Review
G47.419	J8499	Denied	Medical Director Review
B37.2	J8499	Denied	Medical Director Review
J45.21		Denied	Medical Director Review
E11.65	C9399	Denied	Medical Director Review

E11.65	J8499	Denied	Medical Director Review
N39.41	J8499	Denied	Medical Director Review
E11.8		Denied	Medical Director Review
R68.89	J8499	Denied	Medical Director Review
N32.81	J8499	Denied	Medical Director Review
E10.9	C9399	Denied	Medical Director Review
E78.2	C9399	Denied	Medical Director Review
D86.89	Q5104	Denied	Medical Director Review
M06.9	J0717	Denied	Medical Director Review
E11.65		Denied	Medical Director Review
C61	J9267	Denied	Medical Director Review
M17.0	J3304	Denied	Medical Director Review
M17.0	J7327	Denied	Medical Director Review
I48.2		Denied	Medical Director Review
E83.39		Approved	