

## Cigna Arkansas Prior Authorization Report for 07012019 - 09302019

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Facility	G0153	0502972	Approved	
Facility	41899	0884793	Approved	
Facility	93656	3599948	Approved	
Facility	63030	9987349	Approved	
Facility	22633	8784506	Denied	MEDICAL DIRECTOR DECISION
Facility	58150	0883932	Approved	
Facility	93657	3599948	Approved	
Facility	47600	0883638	Approved	
Facility	27524	9081724	Approved	
Facility	55866	0186606	Approved	
Facility	L8614	5128300	Approved	
Facility	19355	0811628	Denied	NON-COVERED BENEFIT
Facility	15757	1047648	Approved	
Facility	22633	0885528	Approved	
				UNPROVEN
Facility	30999	2187515	Denied	TECHNOLOGY/INTERVENTION
Facility	23700	2187515	Approved	
Facility	19380	2860168	Approved	
Facility	15273	1047648	Denied	MEDICAL DIRECTOR DECISION
Facility	22845	0884226	Approved	
Facility	58573	0702030	Approved	
Facility	47605	0883638	Approved	
Facility	19340	9987349	Approved	
Facility	22840	8706763	Denied	MEDICAL DIRECTOR DECISION
Facility	15777	9987349	Approved	
Facility	44204	9987349	Approved	
Facility	G0156	0502972	Approved	
Facility	63047	8706763	Denied	MEDICAL DIRECTOR DECISION
Facility	69930	5128300	Approved	
Facility	15750	1047648	Approved	
N/A	K50.90	J0135	Approved	
N/A	M17.12	J7324	Approved	
N/A	G43.711		Approved	
N/A	E29.1		Approved	
N/A	G43.109	C9399	Approved	
N/A	E11.9	C9399	Approved	
N/A	R91.8	J8499	Approved	
N/A	L70.0		Approved	
N/A	F33.9		Approved	
N/A	M81.0	J0897	Approved	
N/A	F33.9		Approved	
N/A	E11.65	J1815	Approved	
N/A	G89.4		Approved	
N/A	G43.009		Approved	

N/A	E10.9	A4253	Approved
N/A	N40.0	J8499	Approved
N/A	F33.0		Approved
N/A	E11.69	C9399	Approved
N/A	B18.2		Approved
N/A	G47.411		Approved
N/A	G47.00		Approved
N/A	L40.59	J3357	Approved
N/A	G43.719	J0585	Approved
N/A	L74.510	J0585	Approved
N/A	K50.00	J0135	Approved
N/A	N40.1		Approved
N/A	L40.50	J0135	Approved
N/A	K50.90	J0135	Approved
N/A	G47.26		Approved
N/A	M54.5		Approved
N/A	M15.0		Approved
N/A	R40.0		Approved
N/A	F90.0		Approved
N/A	R41.840		Approved
N/A	M05.79	J8499	Approved
N/A	M05.79	J1438	Approved
N/A	F31.60		Approved
N/A	F84.0	J8499	Approved
N/A	M50.10	J8499	Approved
N/A	G43.719	C9399	Approved
N/A	M06.9	C9399	Approved
N/A	N52.34		Approved
N/A	G43.711	J0585	Approved
N/A	M17.11	J7324	Approved
N/A	F43.10		Approved
N/A	M17.0	J7324	Approved
N/A	L40.0		Approved
N/A	G35	Q3028	Approved
N/A	J44.9		Approved
N/A	N97.9	J3490	Approved
N/A	M05.79		Approved
N/A	M17.11	J7324	Approved
N/A	E10.9		Approved
N/A	F41.1		Approved
N/A	E10.9		Approved
N/A	D57.2	J8499	Approved
N/A	G35	J1826	Approved
N/A	M45.9	J1745	Approved
N/A	G35	J2350	Approved
N/A	L20.89	C9399	Approved
N/A	L40.0	C9399	Approved

N/A	L40.0	C9399	Approved
N/A	E78.5	C9399	Approved
N/A	M17.2	J7325	Approved
N/A	M05.79	J1438	Approved
N/A	M17.12	J7324	Approved
N/A	L40.50	J0135	Approved
N/A	M79.7	J8499	Approved
N/A	M81.0	J0897	Approved
N/A	L50.1	J2357	Approved
N/A	J30.9	J3490	Approved
N/A	Z97.8	J8499	Approved
N/A	G43.019		Approved
N/A	F90.2		Approved
N/A	J45.40	J2357	Approved
N/A	M17.12	J7325	Approved
N/A	K50.90	J3357	Approved
N/A	C90.00	J8999	Approved
N/A	F41.9	J8499	Approved
N/A	G62.9	J8499	Approved
N/A	M17.11		Approved
N/A	M17.11	J7324	Approved
N/A	M05.79		Approved
N/A	M06.9	J9312	Approved
N/A	C71.9		Approved
N/A	K21.9		Approved
N/A	E10.9	J1815	Approved
N/A	N52.1	J8499	Approved
N/A	E11.9	C9399	Approved
N/A	M05.79	J8499	Approved
N/A	E11.9	C9399	Approved
N/A	G35	J8499	Approved
N/A	M17.12		Approved
N/A	K21.0	J8499	Approved
N/A	F90.2		Approved
N/A	K22.70		Approved
N/A	Z91010		Approved
N/A	L40.0	C9399	Approved
N/A	G89.4		Approved
N/A	G89.4		Approved
N/A	L70.9	J3490	Approved
N/A	M05.79	J3590	Approved
N/A	R68.8	J1569	Approved
N/A	M17.0		Approved
N/A	N48.6	J0775	Approved
N/A	L50.1		Approved
N/A	H16.011	J3590	Approved
N/A	G43.909		Approved

N/A	G43.911	J0585	Approved
N/A	G43.709	J0585	Approved
N/A	L40.50	J1745	Approved
N/A	K50.111	J3380	Approved
N/A	E11.65		Approved
N/A	F90.9		Approved
N/A	G43.109		Approved
N/A	F84.0		Approved
N/A	N80.9	J8499	Approved
N/A	M17.12	J7327	Approved
N/A	L20.89	J1568	Approved
N/A	M96.1		Approved
N/A	L40.0	J3357	Approved
N/A	G47.419		Approved
N/A	G89.4		Approved
N/A	E10.9		Approved
N/A	K51.90	J1745	Approved
N/A	E11.65	C9399	Approved
N/A	L50.8	J2357	Approved
N/A	G35	J2323	Approved
N/A	F90.0		Approved
N/A	L03.115	J8499	Approved
N/A	Q61.2	J8499	Approved
N/A	K50.90	J0135	Approved
N/A	M05.79	J0129	Approved
N/A	F90.2		Approved
N/A	K50.90	J0135	Approved
N/A	R10.84	J8499	Approved
N/A	F17.200	J8499	Approved
N/A	E10.65	C9399	Approved
N/A	E10.9		Approved
N/A	G43.719	J0585	Approved
N/A	J45.40	J2357	Approved
N/A	Z72.0	J8499	Approved
N/A	N40.0	J8499	Approved
N/A	M06.09	J1745	Approved
N/A	M45.7	J1438	Approved
N/A	F33.2		Approved
N/A	C91.01	J8999	Approved
N/A	E11.9	C9399	Approved
N/A	G89.4		Approved
N/A	K21.9	J8499	Approved
N/A	E11.69	C9399	Approved
N/A	E11.65	C9399	Approved
N/A	N32.81		Approved
N/A	M17	J7325	Approved
N/A	M81.0	J0897	Approved

N/A	G40.209		Approved
N/A	M17.32	J7325	Approved
N/A	G40.911	J8499	Approved
N/A	E84.9	J8499	Approved
N/A	E78.0	C9399	Approved
N/A	M17.11	J7324	Approved
N/A	I25.9		Approved
N/A	G47.411		Approved
N/A	G70.00	J1300	Approved
N/A	R25.2	J0585	Approved
N/A	G43.109		Approved
N/A	C90.01	C9399	Approved
N/A	G47.33		Approved
N/A	F33.2	J3490	Approved
N/A	M06.9	J1438	Approved
N/A	F90.0		Approved
N/A	N18.4	Q4081	Approved
N/A	E78.5		Approved
N/A	E11.21		Approved
N/A	E11.9		Approved
N/A	M05.79	J9312	Approved
N/A	G43.719	C9399	Approved
N/A	F90.9		Approved
N/A	M81.0	J0897	Approved
N/A	B19.2	J8499	Approved
N/A	C56.2	C9399	Approved
N/A	G89.4	J8499	Approved
N/A	M17.11	J7325	Approved
N/A	E23.0	J2941	Approved
N/A	E11.8		Approved
N/A	M17.12	J7325	Approved
N/A	E30.1		Approved
N/A	G89.4	J8499	Approved
N/A	I10		Approved
N/A	E23.0	J2941	Approved
N/A	E03.9		Approved
N/A	L40.50		Approved
N/A	M96.1	J3490	Approved
N/A	G70.00	J1300	Approved
N/A	G43.719	C9399	Approved
N/A	M17.12		Approved
N/A	E10.9		Approved
N/A	M17.11		Approved
N/A	C81.90	J9000	Approved
N/A	C81.90	J9040	Approved
N/A	C81.90	J9130	Approved
N/A	C81.90	J9360	Approved

N/A	C81.90	J0185	Approved
N/A	C81.90	J2469	Approved
N/A	F51.01		Approved
N/A	E11.9	A4253	Approved
N/A	C90.00	J9041	Approved
N/A	M81.0	J0897	Approved
N/A	L40.0	C9399	Approved
N/A	C34.11		Approved
N/A	C34.11		Approved
N/A	C34.11		Approved
N/A	C34.11	J2469	Approved
N/A	L40.50	J0135	Approved
N/A	C91.90	90283	Approved
N/A	K51.9	J8499	Approved
N/A	M96.1	J3490	Approved
N/A	G47.429		Approved
N/A	F90.0		Approved
N/A	C64.9		Approved
N/A	G04.81	J9312	Approved
N/A	G43.909	J3590	Approved
N/A	K50.90	J3357	Approved
N/A	G70.00	J1569	Approved
N/A	E29.1	J3490	Approved
N/A	C15.5	J9263	Approved
N/A	C15.5	J9190	Approved
N/A	E10.65		Approved
N/A	M96.1	J3490	Approved
N/A	M17.12	J7325	Approved
N/A	E10.9	J1815	Approved
N/A	C90.00	J9145	Approved
N/A	L40.59	J1745	Approved
N/A	I10		Approved
N/A	C80.1		Approved
N/A	C80.1	J2469	Approved
N/A	C80.1	J0185	Approved
N/A	G43.709	C9399	Approved
N/A	C81.12	J2469	Approved
N/A	C81.12	J9360	Approved
N/A	C81.12	J9000	Approved
N/A	C81.12	J9130	Approved
N/A	C81.12	J0185	Approved
N/A	C81.12	J9040	Approved
N/A	C53.0	J2469	Approved
N/A	C53.0	J9060	Approved
N/A	C53.0	J1453	Approved
N/A	M17.0	J7325	Approved
N/A	G43.909		Approved

N/A	L70.0	S0117	Approved	
N/A	M05.79	J0135	Approved	
N/A	E88.01	J0256	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E83.52	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R40.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N40.1	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L40.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	I50.42		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N52.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	B18.2		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G25.81	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.009		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	D86.9	J0135	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M05.79	J9312	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E78.2	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	I10		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F52.21	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E78.5		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L71.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M51.26	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F32.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R41.840		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M54.5		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N39.46		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N40.1	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R68.89	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R68.89	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.12		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E11.9	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.019	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R68.89		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	J44.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M54.2	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.12	J7327	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.0	J7327	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R68.89	J9312	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G81.10	J0585	Denied	BY MEDICAL DIRECTOR REVIEW

N/A	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.11	J7325	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K51.90		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M80.08XA	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.2		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L65.9	S0138	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E29.1	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L71.8		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	D64.9	J0885	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M35.2		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	J45.40	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N40.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F41.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.11	J7323	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.2		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E78.5		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	I10		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	I10		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N52.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M89.9	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.019	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	Q96.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E88.01	J0256	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.109		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N40.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N18.6	Q4081	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	Q61.2	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	Z87.891	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	J45.40	J2357	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.809		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E83.52	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G35	J0202	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	N32.81	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R35.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G47.429		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.109		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R10.13	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.019		Denied	BY MEDICAL DIRECTOR REVIEW



N/A	J44.9	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.11	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.001		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M1712	J7325	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E84.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E70.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.11	J7328	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M05.79	Q5104	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E10.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E70.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E70.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.0	J7321	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F33.2		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.109		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	J45.909	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L02.234		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	Z71.6		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.0	J3304	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L40.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K50.00	J3357	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E23.0	J2941	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E08.00		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	R51	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E23.0	J2941	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E11.65		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	I50.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G82.51		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G40.319		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	I10		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.009	C9040	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	D70.1	J2505	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M17.0	J7324	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	F41.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E10.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	C34.11	J2505	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E10.9	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.719	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	L72.8	S0117	Denied	BY MEDICAL DIRECTOR REVIEW

N/A	E29.1	S0189	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E29.1		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E66.01	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E11.9	J1815	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G43.001		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	Z78.9	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	G64	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
N/A	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	D70.1	J1442	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E78.5	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
N/A	E78.5		Denied	BY MEDICAL DIRECTOR REVIEW
Facility	F32.3	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F31.81	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F33.2	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F29	IN*MH*IP	Approved	
Facility	F10.20	IN*DTX*IP	Approved	
Facility	F10.20	IN*DTX*IP	Approved	
Facility	F39	IN*MH*IP	Approved	
Facility	F39	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F33.3	IN*MH*IP	Approved	
Facility	F10.23	IN*DTX*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F31.9	IN*MH*IP	Approved	
Facility	F10.20	IN*DTX*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	

Facility	F32.9	IN*MH*IP	Approved	
BCBA	F84.0	ON*MH*ABA	Approved	
Facility	F10.20	S0201	Approved	
Facility	F10.20	S0201	Approved	
Facility	F10.20	S0201	Approved	
Facility	F10.20	S0201	Approved	
Facility	F10.20	H0015	Approved	
Facility	F33.3	H0035	Approved	
Facility	F33.3	H0035	Approved	
Facility	F33.3	H0035	Approved	
Facility	F33.3	H0035	Approved	
Provider	R69	99205	Approved	
Facility	F33.2	IN*MH*IP	Denied	Administrative Denial
		RADICULOPATH Y, LUMBOSACRAL REGION	Denied	PARTIALLY Denied by Medical Director Review
	M54.17	RADICULOPATH Y, LUMBOSACRAL REGION	Denied	PARTIALLY Denied by Medical Director Review
	M54.17	RADICULOPATH Y, LUMBOSACRAL REGION	Denied	PARTIALLY Denied by Medical Director Review
	M54.17	OTHER INTERVERTEBR AL DISC DEGENERATION , LUMBAR REGION	Denied	PARTIALLY Denied by Medical Director Review
	M51.36	SEGMENTAL AND SOMATIC DYSFUNCTION OF HEAD REGION	Approved	
	m99.00	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Denied	PARTIALLY Denied by Medical Director Review
	M99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Denied	PARTIALLY Denied by Medical Director Review
	m99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Denied	PARTIALLY Denied by Medical Director Review

S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Approved
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved
TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	PUMP, EXT INFUSION, MINIMED, INSULIN	Approved
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved

BODY MASS INDEX (BMI) 45.0-49.9, ADULT	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
BODY MASS INDEX (BMI) 50.0-59.9, ADULT	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
SLEEP APNEA, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Denied by Medical Director Review
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Denied by Medical Director Review
SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Denied by Medical Director Review

SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Denied by Medical Director Review
SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Denied by Medical Director Review
SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	
SNORING	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved	
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved	

	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved
SNORING	SLEEP STUDY, UNATTENDED,	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
RECURRENT HYPERSONMIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved
SLEEP APNEA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved

RECURRENT HYPERMOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATOR Y EFFORT	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FACILITY BASED POLYSOMNOGR APHY (PSG), 1 - 3 PARAMS	Approved	
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
SLEEP APNEA, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Denied by Medical Director Review
RECURRENT HYPERMOMNIA	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Denied by Medical Director Review
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Denied by Medical Director Review
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Denied by Medical Director Review
HEART FAILURE, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Denied by Medical Director Review
OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Denied	Denied by Medical Director Review



OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Denied by Medical Director Review
Malignant neoplasm of lower lobe, left bronchus or	CHEMOTHERAPY	Approved	
Malignant carcinoid tumor of the transverse colon	CHEMOTHERAPY	Approved	
Secondary malignant neoplasm of brain	BRAIN METASTASES	Approved	
Malignant neoplasm of anus, unspecified	ANAL CANCER	Approved	
Malignant neoplasm of upper-outer quadrant of left	BREAST CANCER	Approved	
Malignant neoplasm of tonsillar fossa	HEAD/NECK CARCINOMA	Approved	
Malignant neoplasm of overlapping sites of rectum,	RECTAL ADENOCARCINOMA	Approved	
Malignant neoplasm of central portion of left fema	BREAST CANCER	Approved	
LESION OF PLANTAR NERVE LEFT LOWER LIMB	73718	Approved	
SYNCOPE AND COLLAPSE	75574	Approved	
OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	29916	Approved	
OTHER FORMS OF DYSPNEA	93350	Approved	
ABNORMAL ELECTROCARDIOGRAM	93351	Approved	
MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	71260	Denied	Denied by Medical Director Review
MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	78815	Denied	Denied by Medical Director Review
PAIN IN LEFT KNEE	73721	Approved	

Pulmonary hypertension; unspecified	93451	Approved	
STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	73221	Approved	
Abnormal electrocardiogram [ECG] [EKG]	93351	Approved	
PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	70553	Approved	
MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	78816	Approved	
CHRONIC PAIN SYNDROME	63650	Denied	Denied by Medical Director Review
PAIN IN LEFT KNEE	73700	Approved	
Abnormal findings on diagnostic imaging of other abdominal regions; including retroperitoneum	71260	Approved	
COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	29880	Approved	
Abnormal findings on diagnostic imaging of other abdominal regions; including retroperitoneum	78815	Approved	
MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	70553	Approved	
EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	70553	Approved	
ALTERED MENTAL STATUS UNSPECIFIED	70470	Approved	
HEMATURIA UNSPECIFIED	74178	Approved	
HEMORRHAGE OF ANUS AND RECTUM	74178	Approved	
PAIN IN UNSPECIFIED WRIST	64510	Approved	

PALPITATIONS	71275	Approved	
Asymptomatic microscopic hematuria	74178	Approved	
CEREBRAL INFARCT D/T UNS OCCL/STEN UNS			
CEREB ART	70553	Approved	
VERTIGO OF CENTRAL ORIGIN UNSPECIFIED			
EAR	70498	Approved	
CHRONIC PAIN SYNDROME	L8680	Denied	Denied by Medical Director Review
MALIGNANT NEOPLASM LOWER LOBE LT			
BRONCHUS/LUNG	74177	Approved	
OTHER CHRONIC PAIN	72148	Approved	
OTHER FRONTOTEMPORAL DEMENTIA	70551	Approved	
JUVENILE OSTEOCHONDROSIS OF PATELLA LEFT KNEE	73721	Approved	
OTH TEAR MED MENISCUS CURR INJ RT			
KNEE INIT ENC	73721	Approved	
Malignant neoplasm of nasal cavity	70491	Approved	
VERTIGO OF CENTRAL ORIGIN UNSPECIFIED			
EAR	70496	Approved	
PAIN IN LEFT KNEE	76377	Approved	
COMPLEX TEAR MED MENISCUS CURR RT			
KNEE INIT ENC	29877	Approved	
Nonrheumatic pulmonary valve disorder; unspecified	75561	Approved	
MALIGNANT NEOPLASM LOWER LOBE LT			
BRONCHUS/LUNG	71260	Approved	
LOW BACK PAIN	74177	Approved	
LOW BACK PAIN	74178	Approved	

UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	72193	Approved	
UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	74177	Approved	
Asymptomatic microscopic hematuria	74178	Approved	
COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB	64510	Approved	
PAIN IN RIGHT KNEE	73721	Approved	
CEREBRAL INFARCT D/T UNS OCCL/STEN UNS CEREB ART	72141	Approved	
Papilledema associated with increased intracranial pressure	70553	Approved	
PAIN IN RIGHT KNEE	73721	Denied	Denied by Medical Director Review
PAIN IN LEFT SHOULDER	73221	Denied	Denied by Medical Director Review
MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	74178	Denied	Denied by Medical Director Review
Malignant neoplasm of cervix uteri; unspecified	71260	Denied	Denied by Medical Director Review
Vertigo of central origin; unspecified ear	70496	Approved	
Malignant melanoma of left lower limb; including hip	78816	Approved	
OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	74177	Approved	
SHORTNESS OF BREATH NONRHEUMATIC PULMONARY VALVE DISORDER UNS	78452 71555	Approved Approved	

NONRHEUMATIC PULMONARY VALVE DISORDER UNS	75561	Approved	Denied by Medical Director Review
CERVICALGIA OTH SPECIFIC JOINT DERANGEMENTS LT	72141	Denied	
SHOULDER NEC	29823	Approved	
DIZZINESS AND GIDDINESS	70553	Approved	
OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71260	Approved	Denied by Medical Director Review
PAIN IN RIGHT HIP	73721	Denied	
PAIN IN RIGHT KNEE	73721	Approved	
Malignant neoplasm of cervix uteri; unspecified	78815	Denied	Denied by Medical Director Review
Vertigo of central origin; unspecified ear	70498	Approved	
COMPLEX TEAR MED MENISCUS CURR RT			
KNEE INIT ENC	29874	Approved	
COMPLEX TEAR MED MENISCUS CURR RT			
KNEE INIT ENC	29881	Approved	
LOW BACK PAIN	72131	Denied	Denied by Medical Director Review
MALIGNANT MELANOMA OF OTHER PART OF TRUNK	71260	Approved	
SOLITARY PULMONARY NODULE	71260	Approved	
Nonrheumatic pulmonary valve disorder; unspecified	71555	Approved	
PAIN IN LEFT SHOULDER	73222	Approved	
Nondisplaced fracture of medial cuneiform of right foot; initial encounter for closed fracture	73718	Approved	

OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	29806	Approved	
RADICULOPATHY LUMBAR REGION	72148	Denied	Denied by Medical Director Review
COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB	64510	Approved	
Angina pectoris; unspecified	93351	Denied	Denied by Medical Director Review
PAIN IN LEFT KNEE	29877	Approved	
Malignant neoplasm of cervix uteri; unspecified	74178	Denied	Denied by Medical Director Review
PAIN IN RIGHT KNEE	73721	Approved	
ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	71260	Approved	
ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	78815	Approved	
LOW BACK PAIN	72148	Approved	
NONRHEUMATIC PULMONARY VALVE DISORDER UNS	75565	Approved	
Nonrheumatic pulmonary valve disorder; unspecified	75565	Approved	Denied by Medical Director Review
LOW BACK PAIN	74170	Denied	
NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	70553	Approved	
DIZZINESS AND GIDDINESS	70551	Approved	
SOLITARY PULMONARY NODULE	71250	Approved	
PAIN IN UNSPECIFIED WRIST	64510	Approved	
LOW BACK PAIN	64483	Approved	
OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	73718	Approved	
OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	73722	Approved	

OTHER FORMS OF DYSPNEA	93351	Approved	
ANGINA PECTORIS UNSPECIFIED	93351	Denied	Denied by Medical Director Review
PRECORDIAL PAIN	78452	Denied	Denied by Medical Director Review
OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	29914	Approved	
UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	74177	Approved	
Unspecified condition associated with female genital organs and menstrual cycle	74177	Approved	
OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	73721	Approved	
Breast implant status	77049	Approved	
NONDSPLC FX MED CUNEIFORM RT FOOT INIT CLOS FX	73718	Approved	
OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	29882	Approved	
ALTERED MENTAL STATUS UNSPECIFIED	70553	Approved	
OTHER SPEECH DISTURBANCES	70496	Approved	
PAROXYSMAL ATRIAL FIBRILLATION	93458	Approved	
RADICULOPATHY CERVICAL REGION	64479	Approved	
PAIN IN UNSPECIFIED WRIST	64510	Approved	
CHEST PAIN UNSPECIFIED	93458	Approved	
OTH CERVICAL DISC DEGENERATION UNS CERV REGION	72141	Denied	Denied by Medical Director Review
PRIMARY OSTEOARTHRITIS LEFT SHOULDER	29826	Approved	
STABLE BURST FX T11- T12 VERT INIT ENC CLOS FX	72131	Denied	Denied by Medical Director Review

CERVICALGIA	72156	Denied	Denied by Medical Director Review
OTHER SPONDYLOSIS LUMBOSACRAL REGION	64493	Approved	
OTHER SPONDYLOSIS LUMBOSACRAL REGION	64494	Approved	
Unspecified ptosis of right eyelid	70543	Approved	
RADICULOPATHY LUMBAR REGION	72148	Denied	Denied by Medical Director Review
CALCULUS OF KIDNEY	74176	Approved	
Abnormal electroencephalogram [EEG]	70551	Approved	
ABNORMAL ELECTROENCEPHALOGR AM EEG	70551	Approved	
PRIMARY OSTEOARTHRITIS LEFT SHOULDER	29826	Approved	
RADICULOPATHY SITE UNSPECIFIED	72148	Denied	Medical Director Review
OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	72148	Denied	Denied by Medical Director Review
OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	73721	Approved	
Sebaceous cyst	27045	Approved	
PRECORDIAL PAIN	93351	Approved	
OTH CERVICAL DISC DEGENERATION UNS CERV REGION	72141	Denied	Denied by Medical Director Review
PRECORDIAL PAIN	75574	Approved	
White matter disease; unspecified	70553	Approved	
LOW BACK PAIN	72148	Approved	
SCIATICA LEFT SIDE	72158	Denied	Denied by Medical Director Review
LOW BACK PAIN	72148	Approved	
MALIGNANT NEOPLASM OF COLON UNSPECIFIED	71260	Approved	
HEADACHE	70553	Approved	



UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	73700	Approved	
HEADACHE	70553	Approved	
OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72158	Approved	
OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	73721	Approved	
PAIN IN LEFT KNEE	73721	Approved	
PAIN IN RIGHT SHOULDER	73721	Approved	
DISEASE OF ANUS AND RECTUM UNSPECIFIED	72197	Approved	
SHOULDER LESION UNSPECIFIED RIGHT SHOULDER	73221	Approved	
LOW BACK PAIN	72148	Approved	
OTHER CHRONIC SINUSITIS	70486	Approved	
RADICULOPATHY CERVICAL REGION	72141	Approved	
PAIN IN LEFT KNEE	73721	Approved	
MALIGNANT NEOPLASM OF SPINAL CORD	78815	Denied	Denied by Medical Director Review
LOW BACK PAIN	72148	Approved	
MESOTHELIOMA OF PLEURA	74177	Approved	
OTHER FORMS OF ANGINA PECTORIS	93458	Denied	Denied by Medical Director Review;
SECONDARY MALIGNANT NEOPLASM OF BRAIN	70553	Approved	
OTHER CHRONIC SINUSITIS	70486	Approved	
MUCOPURULENT CHRONIC BRONCHITIS	71250	Denied	Denied by Medical Director Review;
Chronic sinusitis; unspecified	70486	Denied	Denied by Medical Director Review
CHEST PAIN UNSPECIFIED	78452	Approved	
Multiple endocrine neoplasia [MEN] type I	71552	Approved	
MESOTHELIOMA OF PLEURA	74177	Approved	

OTH TEAR MED			
MENISCUS CURR INJ LT			
KNEE SBSQT ENC	73721	Approved	
MIGRAINE W/AURA			
NOT INTRACT W/O			
STAT MIGRAINOSUS	70553	Approved	
DISEASE OF SPINAL			Denied by Medical Director
CORD UNSPECIFIED	72141	Denied	Review
RADICULOPATHY			Denied by Medical Director
CERVICAL REGION	72125	Denied	Review
LLQ ABDOMINAL			
SWELLING MASS &			
LUMP	74177	Approved	
			Denied by Medical Director
OTHER CHRONIC PAIN	72148	Denied	Review
OTH TEAR LAT MENISC			
CURRNT INJ RT KNEE			
INIT ENC	29881	Approved	
SECONDARY			
MALIGNANT			
NEOPLASM OF			
UNSPECIFIED SITE	71260	Approved	
RADICULOPATHY			Denied by Medical Director
LUMBAR REGION	72148	Denied	Review
SPONDYLOLYSIS			
LUMBAR REGION	64635	Approved	
MULTIPLE ENDOCRINE			
NEOPLASIA TYPE I	71552	Approved	
INTERVERTEBRAL DISC			
D/O			
W/RADICULOPATHY			Denied by Medical Director
LUMB RGN	72148	Denied	Review
Malignant neoplasm of			
overlapping sites of			
right female breast	71260	Approved	
OTHER INSTABILITY			Denied by Medical Director
LEFT KNEE	73721	Denied	Review
MALIGNANT			
NEOPLASM			
CONNECTIVE & SOFT			
TISSUE UNS	72197	Approved	
LOW BACK PAIN	72148	Approved	
GROSS HEMATURIA	74176	Approved	
NEUROFIBROMATOSIS			
TYPE 2	70553	Approved	
HEMATURIA			
UNSPECIFIED	74176	Approved	

STABLE BURST FX T11- T12 VERT INIT ENC CLOS FX	72128	Denied	Denied by Medical Director Review
OTHER SPONDYLOSIS LUMBOSACRAL REGION	64495	Approved	
OTHER SPONDYLOSIS LUMBOSACRAL REGION	64495	Denied	Denied by Medical Director Review
OTHER CHRONIC PAIN	73721	Approved	
OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	62323	Approved	
Sebaceous cyst	27040	Approved	
Sebaceous cyst	27043	Approved	
ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	93458	Denied	Denied by Medical Director Review
OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72148	Approved	
LOW BACK PAIN	72148	Approved	
PERSONAL HISTORY OF NICOTINE DEPENDENCE	G0297	Approved	
ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	93458	Approved	
RADICULOPATHY CERVICAL REGION	72141	Approved	
SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	71260	Approved	
SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	74183	Approved	
VESICOURETERAL- REFLUX UNSPECIFIED	74178	Approved	
ESSENTIAL PRIMARY HYPERTENSION	93351	Approved	
MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	72197	Approved	
PAIN IN RIGHT SHOULDER	73221	Denied	Denied by Medical Director Review
BENIGN NEOPLASM OF PITUITARY GLAND	70553	Approved	

OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	74183	Approved	
SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	73721	Denied	Denied by Medical Director Review
OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72148	Approved	
Spinal stenosis; lumbar region without neurogenic claud	72131	Approved	
DISLOCATION OF RIGHT SCAPULA INITIAL ENCOUNTER	73221	Approved	
SECONDARY MALIGNANT NEOPLASM OF BONE	71260	Approved	
MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	74177	Approved	
UNSPECIFIED ABDOMINAL PAIN	74170	Approved	
HEMATURIA UNSPECIFIED	74176	Approved	
GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	71260	Denied	Denied by Medical Director Review
CHEST PAIN UNSPECIFIED	78452	Approved	
ESSENTIAL PRIMARY HYPERTENSION	93350	Approved	
ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	72141	Approved	
OTHER CHEST PAIN	93351	Approved	
CHEST PAIN UNSPECIFIED	93458	Approved	
UNSPECIFIED DISTURBANCES OF SKIN SENSATION	72156	Approved	
TENSION-TYPE HEADACHE UNSPECIFIED			
INTRACTABLE	70450	Approved	

ISCHEMIC OPTIC NEUROPATHY BILATERAL	70553	Approved	
SHORTNESS OF BREATH UNSPECIFIED VISUAL DISTURBANCE	78452 70553	Approved Approved	
PRECORDIAL PAIN PAIN IN RIGHT SHOULDER	78452 73221	Approved Approved	
HYPERLIPIDEMIA UNSPECIFIED UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	93458 73721	Approved Approved	
UNS FX NAVICULAR BONE LT WRIST SUB FX NONUNION	73200	Denied	Denied by Medical Director Review
LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	73718	Denied	Denied by Medical Director Review
MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	71260	Approved	
PAIN IN LEFT SHOULDER DORSALGIA	73221	Approved	
UNSPECIFIED ANGINA PECTORIS UNSPECIFIED	72146 93458	Approved Approved	
MESOTHELIOMA OF PLEURA RADICULOPATHY CERVICAL REGION	71260 72141	Approved Approved	
MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	74176	Denied	Denied by Medical Director Review
SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	74177	Approved	
SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	73721	Approved	
PAIN IN RIGHT KNEE	73721	Approved	

LOCALIZED SWELLING MASS AND LUMP TRUNK	74183	Approved	
RIGHT UPPER QUADRANT PAIN	74160	Approved	
MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	71260	Approved	
Other diseases of mediastinum; not elsewhere classified	71260	Approved	
UNSPECIFIED ABDOMINAL PAIN	74177	Approved	
INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	62323	Approved	
Mycobacterial infection; unspecified	71250	Approved	
COUGH	71250	Approved	
OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	73721	Approved	
OTHER SPONDYLOSIS LUMBOSACRAL REGION	64494	Denied	Denied by Medical Director Review
PAIN IN RIGHT KNEE	29881	Approved	
LOW BACK PAIN	72148	Denied	Denied by Medical Director Review
OTHER INSTABILITY RIGHT ANKLE	73721	Approved	
ACUTE PAIN DUE TO TRAUMA	72146	Approved	
CYCLICAL VOMITING NOT INTRACTABLE	74176	Approved	
Sebaceous cyst	27047	Approved	
MALIGNANT NEOPLASM OF COLON UNSPECIFIED	74178	Approved	
Stress fracture; right foot; sequela	73718	Approved	
SPONDYLOLISTHESIS LUMBAR REGION	72131	Approved	
UNSPECIFIED ABDOMINAL PAIN	74177	Approved	

INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	72148	Approved	
SUPRAVENTRICULAR TACHYCARDIA	78452	Approved	
MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	74177	Approved	
OTHER CIRRHOSIS OF LIVER	74183	Denied	Denied by Medical Director Review
MALIGNANT NEOPLASM OF COLON UNSPECIFIED	71260	Approved	
OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72158	Approved	
UNS INJURY MUSCLE FASCIA & TENDON ABD INITIAL	72148	Approved	
LOW BACK PAIN	72148	Denied	Denied by Medical Director Review
Abnormal electrocardiogram [ECG] [EKG]	78452	Approved	
ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	78452	Approved	
Ischemic optic neuropathy; bilateral	70553	Approved	
MALIGNANT NEOPLASM OF APPENDIX	72149	Denied	Denied by Medical Director Review;
URGENCY OF URINATION	74176	Approved	
SHORTNESS OF BREATH	71260	Approved	
Angina pectoris; unspecified	93458	Approved	
MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	74177	Approved	
Spinal stenosis; lumbar region with neurogenic claudication	62323	Approved	

PAIN IN RIGHT KNEE	73721	Approved	
PAIN IN LEFT KNEE	73721	Approved	
SPONDYLOLYSIS LUMBAR REGION	64636	Approved	
NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	74183	Approved	
Malignant neoplasm of overlapping sites of vulva	78815	Denied	Denied by Medical Director Review;
LOCALIZED SWELLING MASS AND LUMP TRUNK	74177	Approved	
MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	74177	Approved	
SPONDYLOSIS W/O MYELOPATH/RADICULO PATHY CERV RGN	64490	Approved	
RADICULOPATHY CERVICAL REGION	72141	Approved	
SCIATICA RIGHT SIDE	62323	Approved	
ANAL FISTULA	74183	Approved	
PAIN IN RIGHT KNEE	29877	Approved	
PAIN IN RIGHT KNEE	29882	Approved	
MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	74176	Denied	Denied by Medical Director Review
Malignant neoplasm of unspecified testis; unspecified whether descended or undescended	74178	Denied	Denied by Medical Director Review
CYCLICAL VOMITING NOT INTRACTABLE	74176	Denied	Denied by Medical Director Review
CERVICALGIA	72126	Approved	
HYPERLIPIDEMIA UNSPECIFIED	78452	Denied	Denied by Medical Director Review
PAIN IN RIGHT KNEE	29850	Approved	
PAIN IN RIGHT KNEE	29888	Approved	
OTHER CHRONIC PAIN	73721	Approved	
UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	27447	Denied	Denied by Medical Director Review



LOW BACK PAIN	72148	Denied	Denied by Medical Director Review
Benign neoplasm of liver	74183	Approved	
LEFT UPPER QUADRANT PAIN	74177	Approved	
INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	72148	Approved	
HEADACHE	70470	Denied	Denied by Medical Director Review
STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	72148	Denied	Denied by Medical Director Review
CHEST PAIN UNSPECIFIED	78452	Denied	Denied by Medical Director Review
FOOT DROP RIGHT FOOT	72148	Approved	
SHORTNESS OF BREATH SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	93458	Approved	
UNSTABLE ANGINA	78452	Approved	
CHEST PAIN UNSPECIFIED	75574	Approved	
CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	72141	Approved	
CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	72158	Approved	
OTHER FORMS OF DYSPNEA	93351	Approved	
ANGINA PECTORIS UNSPECIFIED	93458	Approved	
MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG IMPINGEMENT SYNDROME OF RIGHT SHOULDER	71260	Approved	
DISPL FX RT TIBIAL TUBEROSITY INIT ENC CLOS FX	73223	Approved	
Unstable angina	78452	Approved	

BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	71250	Denied	Denied by Medical Director Review
OSTEOMYELITIS UNSPECIFIED	73720	Denied	Denied by Medical Director Review
LOCALIZED SWELLING MASS AND LUMP TRUNK	72197	Approved	
SYNCOPE AND COLLAPSE	70553	Denied	Denied by Medical Director Review
CERVICALGIA	71260	Approved	
MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	71250	Approved	
OTHER HYPERTROPHIC CARDIOMYOPATHY	75561	Approved	
RADICULOPATHY LUMBAR REGION	72131	Denied	Denied by Medical Director Review
OTH TEAR MED MENISCUS CURR INJ RT			
KNEE SBSQT ENC	73721	Approved	
OTH CERVICAL DISC DEGENERATION UNS			Denied by Medical Director Review
CERV REGION	72146	Denied	Denied by Medical Director Review
FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	77049	Approved	
PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	73700	Denied	Denied by Medical Director Review
Hodgkin lymphoma; unspecified; lymph nodes of head; face; and neck	78815	Approved	
Nodular sclerosis classical Hodgkin lymphoma; intrathoracic lymph nodes	78815	Approved	
FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	77049	Approved	
OTHER SEIZURES	70551	Approved	
ABNORMAL REFLEX	70553	Approved	

RADICULOPATHY LUMBAR REGION	62323	Approved	
PAIN IN RIGHT KNEE	73721	Denied	Denied by Medical Director Review
PAIN UNSPECIFIED	72194	Approved	
UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	73700	Approved	
Cyclical vomiting; not intractable	74177	Approved	
PAIN IN LEFT KNEE	73721	Denied	Denied by Medical Director Review
Malignant neoplasm of prostate	74178	Denied	Denied by Medical Director Review
Calculus of ureter	74178	Approved	
MALIGNANT CARCINOID TUMORS OF OTHER SITES	71260	Approved	
MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	71260	Approved	
MALIGNANT NEOPLASM OF COLON UNSPECIFIED	74178	Approved	
UNSPECIFIED ABDOMINAL PAIN	74177	Approved	
OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	71275	Approved	
Unspecified injury of muscle; fascia and tendon of abdomen; initial encounter	72148	Approved	
PAIN IN UNSPECIFIED JOINT	73221	Denied	Denied by Medical Director Review
CALCULUS OF KIDNEY	74176	Approved	
NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	72197	Approved	
Multiple endocrine neoplasia [MEN] type I	70553	Approved	
LEFT LOWER QUADRANT PAIN	74177	Approved	

Multiple endocrine neoplasia [MEN] type I	74183	Approved	
MULTIPLE ENDOCRINE NEOPLASIA TYPE I	74183	Approved	
LEFT LOWER QUADRANT PAIN	74177	Approved	
OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	93351	Approved	
MESOTHELIOMA OF PLEURA	71260	Approved	
CERVICALGIA	70491	Approved	
PAIN IN LEFT SHOULDER	73221	Denied	Denied by Medical Director Review
LEFT LOWER QUADRANT PAIN	74177	Approved	
OTHER HYPERTROPHIC CARDIOMYOPATHY	75565	Approved	
PAIN IN LEFT ANKLE	73723	Denied	Denied by Medical Director Review
Dislocation of right scapula; initial encounter	73221	Approved	
MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	G0297	Approved	
CHEST PAIN UNSPECIFIED	93351	Approved	
Benign neoplasm of liver	74183	Approved	
MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	93350	Approved	
OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72148	Denied	Denied by Medical Director Review
Congenital insufficiency of aortic valve	75565	Denied	Denied by Medical Director Review
MYCOBACTERIAL INFECTION UNSPECIFIED	71250	Approved	

Stable burst fracture of T11-T12 vertebra; initial encounter for closed fracture	72131	Denied	Denied by Medical Director Review
CERVICALGIA	72157	Denied	Denied by Medical Director Review
CERVICALGIA	72158	Denied	Denied by Medical Director Review
INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	72148	Approved	
OTHER SPONDYLOSIS LUMBOSACRAL REGION	64493	Denied	Denied by Medical Director Review
Unspecified ptosis of right eyelid	70482	Approved	
SPONDYLOLISTHESIS SITE UNSPECIFIED UNSPECIFIED	72148	Approved	
ABDOMINAL PAIN	74178	Approved	
Cyclical vomiting; not intractable	74176	Denied	Denied by Medical Director Review
PRIMARY OSTEOARTHRITIS LEFT SHOULDER	29824	Approved	
RADICULOPATHY SITE UNSPECIFIED	72158	Denied	Medical Director Review
Sebaceous cyst	27041	Approved	
Neurofibromatosis; type 2	70553	Approved	
Stable burst fracture of T11-T12 vertebra; initial encounter for closed fracture	72128	Denied	Denied by Medical Director Review
COMPLEX TEAR MED MENISCUS CURR LT			
KNEE INIT ENC	73721	Approved	
ANAL FISTULA	72197	Approved	
GENERALIZED ABDOMINAL PAIN	72158	Denied	Denied by Medical Director Review
CYCLICAL VOMITING NOT INTRACTABLE	74177	Approved	
SHORTNESS OF BREATH	71250	Approved	

INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	64483	Approved	
INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	64484	Approved	
Sebaceous cyst	27048	Approved	
OTH CERVICAL DISC DEGENERATION UNS CERV REGION	72141	Denied	Denied by Medical Director Review
OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	74178	Approved	
MALIGNANT CARCINOID TUMORS OF OTHER SITES	74177	Approved	
SOLITARY PULMONARY NODULE	78816	Approved	
WHITE MATTER DISEASE UNSPECIFIED	70553	Approved	
Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	93458	Approved	
MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	71260	Approved	
MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	74177	Approved	
OTHER CHEST PAIN	78452	Approved	
CERVICALGIA	72141	Denied	Denied by Medical Director Review
CALCULUS OF KIDNEY UNSPECIFIED	74176	Approved	
DISTURBANCES OF SKIN SENSATION	70553	Approved	
ABNORMAL ELECTROCARDIOGRAM	78452	Approved	

SECONDARY MALIGNANT NEOPLASM OF BONE	74160	Approved	
GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	74160	Denied	Denied by Medical Director Review
RADICULOPATHY CERVICAL REGION	72141	Denied	Denied by Medical Director Review
SHORTNESS OF BREATH CONDUCT HL UNI RT EAR UNRESTRICT CONTRALAT SIDE	78452 70480	Approved Approved	
RADICULOPATHY LUMBOSACRAL REGION	72158	Approved	
MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	72197	Approved	
ABNORMAL REFLEX	72141	Approved	
Neoplasm of uncertain behavior of connective and other soft tissue	72197	Approved	
Neoplasm of uncertain behavior of connective and other soft tissue	74183	Approved	
MULTIPLE ENDOCRINE NEOPLASIA TYPE I	70553	Approved	
SPONDYLOSIS W/O MYELOPATH/RADICULO PATHY CERV RGN	64491	Approved	
SPONDYLOSIS W/O MYELOPATH/RADICULO PATHY CERV RGN	64492	Approved	
Left lower quadrant abdominal swelling; mass and lump	74177	Approved	
RADICULOPATHY CERVICAL REGION	72125	Approved	
Congenital insufficiency of aortic valve	75561	Denied	Denied by Medical Director Review

Unspecified fracture of navicular [scaphoid] bone of left wrist; subsequent encounter for fracture with nonunion	73200	Denied	Denied by Medical Director Review
UNSPECIFIED ABDOMINAL PAIN	74177	Approved	
RADICULOPATHY LUMBOSACRAL REGION	64483	Approved	
RADICULOPATHY LUMBOSACRAL REGION	64484	Approved	
NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	78815	Approved	
HEADACHE OTHER CHRONIC SINUSITIS	70553	Approved	
Malignant neoplasm of prostate	70486	Approved	
MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	72197	Approved	
SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC IMPINGEMENT SYNDROME OF RIGHT SHOULDER	74177	Approved	
CHRONIC SINUSITIS UNSPECIFIED	73721	Approved	
PAIN IN RIGHT SHOULDER	73221	Approved	Denied by Medical Director Review
Malignant neoplasm of overlapping sites of right female breast	70486	Denied	Denied by Medical Director Review
MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	74177	Approved	
RADICULOPATHY CERVICAL REGION PRIMARY OSTEOARTHRITIS LEFT SHOULDER	70551	Denied	Denied by Medical Director Review
	72141	Denied	Denied by Medical Director Review
	29824	Approved	



UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	70551	Approved	
Unspecified injury of head; initial encounter	70551	Approved	
PAIN IN LEFT KNEE	73721	Approved	
OTHER FORMS OF DYSPNEA	93458	Approved	
MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	74178	Denied	Denied by Medical Director Review
Cyclical vomiting; not intractable	74176	Approved	
OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	62323	Denied	Denied by Medical Director Review
OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	74170	Approved	
STRESS FRACTURE RIGHT FOOT SEQUELA	73718	Approved	
ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	93459	Approved	
ESSENTIAL PRIMARY HYPERTENSION	78452	Approved	
PAIN IN RIGHT ANKLE	73721	Approved	
MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	71260	Approved	
EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	70553	Approved	
PAIN IN RIGHT SHOULDER	73221	Denied	Denied by Medical Director Review
RADICULOPATHY LUMBAR REGION	72148	Approved	
DISEASE OF SALIVARY GLAND UNSPECIFIED	70491	Approved	
Disease of salivary gland; unspecified	70491	Approved	
Disease of anus and rectum; unspecified	72197	Approved	
INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	72148	Approved	

HODGKIN LYMPHOMA UNS NODES HEAD FACE & ENCK	78815	Approved	
UNSPECIFIED DISLOCATION LT KNEE INITIAL ENCNR	73721	Approved	
PAIN IN LEFT KNEE	73721	Denied	Denied by Medical Director Review
MALIGNANT NEOPLASM OF SPINAL CORD	72156	Denied	Denied by Medical Director Review
Angina pectoris; unspecified	93458	Approved	
PAIN IN LEFT KNEE	73721	Approved	
GROSS HEMATURIA	74176	Approved	
MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	74160	Approved	